

EV1331

Antipsychotics in chronic schizoaffective disorder: A naturalistic study

B. Tsygankov*, A. Ryzhukhinskaya, K. Evgeny, A. Pavlichenko
 Moscow State Medical Dental University, Department of psychiatry, narcology and psychotherapy, Moscow, Russia

* Corresponding author.

In spite of the beneficial effects of antipsychotics (AP) on the course of schizoaffective disorder (SAD) in general, there is an evidence for some negative aspects of their application. The objective of the study was to investigate the clinical manifestations and the course of resistant SAD while treated by the different AP. At present, the research includes 63 patients with SAD and duration of psychotic and/or affective symptoms more than six months. The research was naturalistic follow-up. The first group of patients ($n=18$) were treated with SGA. An average duration of hospitalization was 61.2 days. After a reduction of acute psychotic condition, subthreshold psychotic and anxiety symptoms were still remaining. The total PANSS score was 71 ± 8 . The second group ($n=24$) was treated with a combination of FGA and SGA. An average duration of hospitalization was 53.8 days, the total PANSS score was 79 ± 6 . It has been prevailed subthreshold bipolar symptoms. The third group of patients ($n=21$) were treated with FGA. An average duration of hospitalization was 45.5 days; the total PANSS score was 63 ± 10 . The negative symptoms and subthreshold depressions have been prevailed among the patients.

To conclude, the treatment of SAD by the SGA and combination of SGA and FGA are more likely associated with persistence of subthreshold psychotic and/or bipolar disorder and the longer duration of hospitalizations. On the other hand, application of FGA in SAD is more likely associated with negative symptoms and depressions after a reduction of acute psychotic condition.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1661>

EV1332

The emergence of psychosis in a patient with severe hypothyroidism: A case report and literature review

M.L. Turk*, J. Rosen

University of Virginia Health System, Psychiatry, Charlottesville, USA

* Corresponding author.

Hypothyroidism is associated with changes in mental state that can range from mild cognitive impairment to depression to florid myxedema coma. A few cases have linked the occurrence of psychotic symptoms in the context of severe hypothyroidism, an event referred in the literature as "myxedema madness". We describe the case of a 48-year-old male with no past psychiatric history and a past medical history of hypertension and hypothyroidism who presented to the psychiatric unit for management of new-onset psychosis, particularly paranoid delusions. On basic medical screening, the patient was found to have severe hypothyroidism manifested by a TSH level of 51.85 and a free T4 level less than 0.4. The patient was treated with both an antipsychotic and thyroid hormone replacement, after which his hypothyroid symptoms and his psychosis improved. Liothyronine was also prescribed to speed up the recovery course, as his delusions were thought to be due to his hypothyroidism. The aim of this poster is to shed light on the possibility of development of psychosis concomitantly with severe hypothyroidism, given the rarity of such events, as well as to illustrate the importance of treating the underlying medical cause rather than only focusing on the treatment of the psychiatric symptoms. The use of Liothyronine proved to be beneficial in this case, as the patient's symptoms drastically improved after its adminis-

tration. This could potentially illustrate the importance of using Liothyronine particularly in the treatment of delusional disorder in severe hypothyroidism.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1662>

EV1333

Adjunctive minocycline in clozapine and amisulpride treated schizophrenia patients with persistent symptoms

E. Tzavellas*, D. Karaiskos, J. Konstantinou, E. Oikonomou, R. Soldatos, T. Paparrigopoulos

Eginition Hospital Of Athens, Psychiatry, Athens, Greece

* Corresponding author.

Objective Clozapine and amisulpride are two effective antipsychotic and their combination often is used for treatment refractory people with schizophrenia, yet many patients partially respond. Clinical data and the recent literature suggest benefits with minocycline. In our study we adjunct minocycline in five schizophrenic patients and we observed them for a period of 6 months.

Methods Our patients received adjunct minocycline (100 mg oral capsule twice daily).

Results Using the PANSS, we identified a statistically significant ($P<0.05$) clinical improvement from the fourth week of treatment for positive mainly, and less for negative symptoms in all our patients. Global cognitive function did not differ, although there was a significant improvement in working memory favoring minocycline. Moreover there was a marked reduction of anxiety and depressive symptoms.

Minocycline was well tolerated and no patient presented side effects.

Conclusion Minocycline seems to help significantly schizophrenic patients who do not respond fully to their medication consisted of clozapine and amisulpride. Larger studies are needed to validate these findings.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1663>

EV1334

Major psychotrauma and social stress–risk factors for the unfavorable course of paranoid schizophrenia

T. Udristoiu^{1,*}, I. Udristoiu¹, F. Militaru¹, S. Ristea², A.G. Vilcea¹, M.C. Pirlog¹

¹ University of Medicine and Pharmacy of Craiova, Psychiatry, Craiova, Romania

² University Clinic of Psychiatry Craiova, Psychiatry, Craiova, Romania

* Corresponding author.

Introduction Recent studies in the neurobiology of schizophrenia highlighted the role of neuropsychoenocrine activations as a consequence of psychostress followed by the activation of the HPA axis with an excess of endogenous cortisol. The relation endogenous cortisol–glutamatergic hyperactivation enhances the excitotoxic mechanisms and the cortical-subcortical alterations in schizophrenia.

Method We conducted a retrospective study on 40 patients, with ages between 25 and 55 years, admitted in the university clinic of Craiova between January 1, 2015 and December 31, 2015 for paranoid schizophrenia according to ICD-10 criteria and with positive history of psychotrauma and physical abuse in childhood and adolescence.

Results The frequency of psychotraumas, social stress and physical abuse in our group was significantly higher in women (63.33%), in patients with urban residence (80.00%) and age group 36–45 years (46.67). There was a pattern of residual defectuality reflected by positive symptoms (83.33%), alcohol abuse (80.00%), aggressive behavior (66.67%) and suicide attempts (30.00%). The poor course with minimal social functioning (GAFS < 40; 36.67%) was correlated with a high number of relapses and hospitalizations (> 9 hospitalizations; 43.33%), cognitive deficit (MMSE < 23; 76.67%). The psychosocial factors involved in the pathogenesis and course of schizophrenia were social stress (60.00%), physical abuse in childhood and adolescence (20.00%) and psychotraumas (20.00%).

Conclusions. Psychotrauma and physical abuse in childhood and adolescence and during the course of paranoid schizophrenia constitute a risk factor for a poor outcome with cognitive deterioration, aggressive and suicidal behavior that call for prophylactic measures and qualified psycho-social interventions associated to the pharmacological treatments.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1664>

EV1335

Differential diagnosis and therapy of cycloid psychoses: A case report

A.M. Uminska-Albert*, G. Eikmeier

Klinikum Bremerhaven, Klinik für Psychiatrie- Psychotherapie und Psychosomatik, Bremerhaven, Germany

* Corresponding author.

Kraepelin already challenged his dichotomy of psychoses, because in clinical practice too many cases were not in line with his pattern. Different terms for these disorders were coined. Leonhard separated cycloid psychoses from other forms of endogenous psychoses. The idealized subtypes (anxiety-beatific, hyperkinetic-akinetic-motility and confusional exited-inhibited) are characterized by a bipolar course with complete recovery. Operationalised criteria were developed by Perris. We report on a 60 year old woman diagnosed as schizophrenic in 1984/1985 and 2006. In August 2015 she was admitted with stupor and mutism and therefore was treated with fluphenazine and lorazepam. Six days later the clinical picture changed, she became confused and very agitated. After change of treatment to benperidole her clinical condition improved within 12 days. After 3 further days she became confused, agitated and euphoric again. The symptoms persisted in spite of a change of treatment to haloperidole. After diagnostic revision therapy was augmented with lithiumcarbonate. Six days later the psychotic symptoms began to improve and were completely remitted after 10 further days. The case report points out that a differential-diagnostic revision of an apparently therapy-resistant schizophrenia should not only be carried out according to ICD 10 criteria but a cycloid psychosis should be taken into account, too. Perris-criteria are contrasted with ICD 10-criteria for schizophrenia and mania with psychotic symptoms. Symptomatology and clinical course in our patient fulfilled exactly the Perris-criteria. We recommend an augmentation trial with lithium in acute phases of cycloid psychoses by all means before ECT.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1665>

EV1336

Attitude of person living with psychosis towards MH professionals: A qualitative study

K. Vaiphei^{1,*}, P. Sreedaran², V. Sathyanarayanan²

¹ St. John's Medical College Hospital, Psychiatry, Bangalore, India

² St. Johns Medical College Hospital, Psychiatry, Bengaluru, India

* Corresponding author.

Aims Studies investigating attitudes of people with mental illness are scarce. The aim of the present study was to investigate person living with psychosis on their attitudes and perception towards the mental health professionals in contact with mental health services.

Methods An in-depth interview was used to explore their lived experiences and attitude towards mental health professionals.

Results Both negative and positive attitudes were prevalent among the patients. Most negative attitudes concerned on not giving time, the MHPs are most interested in financial gains. They felt attitude changes according to diagnosis, psychosis perceived as diagnosis with violence; they are more interested in protecting themselves, perception that treating symptoms and not cause of illness. On the contrary, they felt positive on the relationship and time given to them.

Discussion and conclusions The PLWI's attitude to MHPs could be a product of the type of admission (forced upon), symptoms related or on the type of service settings. The present study is purely qualitative, single settings, could not be generalised. However it points on the need for sensitization of MHPs and relationship building oriented intervention.

Disclosure of interest The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.01.1666>

EV1337

Parkinson's disease and psychosis: Report of a case

M. Valverde Barea^{1,*}, A. España Osuna¹, F. Cartas Moreno²

¹ Complejo Hospitalario de Jaén, Psiquiatria, Jaen, Spain

² USMC-Úbeda, Psiquiatria, Jaen, Spain

* Corresponding author.

Introduction Jealous delusional ideation appears in 7-14% of cases of Parkinson's disease. Treatment with dopaminomimetics drugs is a significant risk factor for psychosis. However, the most likely etiology of psychosis in these patients is a loss of central cholinergic function associated with age since described psychosis even before the introduction of the L-Dopamine. Cognitive impairment and sleep disorders are predictors of development of psychosis.

Objective Present a clinical case of psychosis in Parkinson's disease and its treatment.

Method Reason for consultation. Patient diagnosed with Parkinson's disease with behavioral disorder and delusional.

Current illness The patient after antiparkinsonian medication has increased suspicion, self-referentiality, delusional jealousy ideation to her husband, delusional interpretations regarding somatic symptoms, insomnia and behavioral disorders with aggression.

Family background Mother with Alzheimer's.

Personal history No contact with mental health.

Psychopathological examination Conscious, repetitive language, dysphoric mood with delusions of prejudice and jealousy.

Mixed insomnia.

Diagnosis Psychosis in Parkinson's disease.

Treatment Quetiapine 300 mg/day. Carbidopa 25 mg/L-dopa 100 mg: 1-0-1. On subsequent visits quetiapine was suspended and replaced by clozapine 200 mg/day.

Results The treatment of psychosis was effective with the use of quetiapine and subsequently clozapine with good tolerance and effectiveness. He also said lower antiparkinsonian medication.

Conclusions Psychotic symptoms are the most common psychiatric clinic in Parkinson's disease. Often not enough antiparkinsonian dopaminomimetics reduced to control psychotic symptoms and use of antipsychotics is required. The use of antipsychotics in