

## EPV1330

## Therapeutic challenge in delusional disorder: a case report and literature review

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**Introduction:** Delusional disorder (DD) is defined by the presence of one or more delusions, of at least one month's duration, in the absence of prominent hallucinations or other symptoms of schizophrenia. Although functioning may not be markedly impaired, the delusion(s) or its ramifications may have a significant impact in the patient's life. With a life-time prevalence of 0.18%, DD is still neglected in terms of approved treatment recommendations.

**Objectives:** We present the case of a patient diagnosed with DD and discuss the treatment of DD according to current evidence.

**Methods:** Relevant clinical information was extracted from the patient's clinical process. A non-systematic review was made in Pubmed database with the terms "Delusional Disorder" and "Treatment".

**Results:** Male, 76 years old, divorced, living alone, autonomous. First admitted at age 62 in our inpatient psychiatry ward for a persecutory delusion regarding his neighbors. He was discharged with the diagnosis of DD and started a follow-up in a mental health community team. He abandoned treatment and psychiatric consultation after 9 years. During 17 years he moved home more than 10 times due to a progressive dynamism of the delusion, leading to recent marked behavior changes towards his neighbors. He is again admitted in our inpatient psychiatry ward.

**Conclusions:** This case illustrates the impact that untreated DD can have on its patients. Although consensus using antipsychotics, there are still insufficient studies to make evidence-based recommendations to treat people with DD. Further research is needed in this sense.

**Disclosure:** No significant relationships.

**Keywords:** Treatment; Psychosis; Delusional disorder; antipsychotic

## EPV1329

## 22q11.2 deletion syndrome and psychosis – regarding a clinical case

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**Introduction:** 22q11.2 deletion syndrome is the most common microdeletion syndrome. Its clinical presentation varies and it may present several medical complications, namely heart defects, cleft palate, autoimmune diseases, delayed development, and

psychiatric disorders. In these patients, psychiatric disorders are frequent and may include attention-deficit hyperactivity disorder, anxiety disorders, autism spectrum disorder, and schizophrenia spectrum disorders.

**Objectives:** We aim to characterize psychosis in patients diagnosed with 22q11.2 deletion syndrome, which is one of the most frequent psychiatric presentations.

**Methods:** To introduce the topic of 22q11.2 psychiatric symptoms, we will start by presenting a clinical case. Then, a review of the related literature using the *Pubmed* database using the following expression "22q11.2 deletion syndrome"; "DiGeorge syndrome"; "velocardiofacial syndrome"; "psychosis"; "psychiatric disorders".

**Results:** Patients diagnosed with 22q11.2 deletion syndrome are considered high-risk for psychosis. In this clinical case, we present a 19-year old man diagnosed with 22q11.2 deletion syndrome who was admitted to a psychiatric ward for psychosis. The knowledge of the increased risk for psychosis in these patients should be taken into account in the face of behavioral changes de novo to assure a timely therapeutic approach. Currently, the treatment does not differ from other patients, but this is mainly due to the lack of knowledge on the best therapeutic approach in this specific diagnosis.

**Conclusions:** Genetic syndromes are often associated with psychiatric disorders. Patients diagnosed with 22q11.2 deletion syndrome are at high risk for psychosis and should deserve a multidisciplinary approach so that their diagnosis and treatment are established as early as possible.

**Disclosure:** No significant relationships.

**Keywords:** high-risk psychosis; Psychosis; 22q11.2 deletion syndrome; DiGeorge syndrome

## EPV1330

## Outpatients with psychotic disorders still need physical health-promotion

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**Introduction:** Premature death of people living with non-affective psychotic disorders are related to life-style somatic comorbidities. Current health-promoting treatment and care programs does not target people living with psychotic disorders and therefore prevention and treatment do not embrace the accompanying challenges.

**Objectives:** To identify and explore outpatients with non-affective psychotic disorders who are not offered existing municipal health-promoting treatment and care programs despite having a need.

**Methods:** Two hundred and six eligible outpatients from multiple sites of the Psychiatric Services in the Region of Southern Denmark were invited to participate. At last, 165 outpatients met the criteria

and agreed to participate. A screening scheme was used to identify socio-economic characteristics, life-style related somatic comorbidities, medication status and consumption of cigarettes, drugs and alcohol. In outpatients' medical records measured values and blood samples were obtained.

**Results:** Almost four-fifths of the outpatients were in need of health promotion out of whom more than half were not offered a municipal health-promoting treatment and care program. One or more of the investigated somatic comorbidities was found in more than one-third of the outpatients. 15% had type-2-diabetes mellitus and 10% had cardiovascular disease. Two-fifths of the outpatients were smokers. Mean number of cigarettes per day was 19 (SD=10) for smokers. Mean BMI for men was 29 kg/m<sup>2</sup> (SD=7) and 34 kg/m<sup>2</sup> (SD=8) for women.

**Conclusions:** In general, the outpatient's state of health was poor. Many outpatients were not offered a municipal health-promoting treatment and care program despite having a need.

**Disclosure:** No significant relationships.

**Keywords:** preventing; physical health; PSYCHOTIC DISORDERS

### EPV1332

#### Can pleiomorphic psychotic symptoms with movement disorders mask wilson's disease?

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**Introduction:** Wilson's disease is a rare (1:30,000) autosomal recessive disorder of copper metabolism that is caused by mutations in the adenosine triphosphatase copper transporting beta (ATP7B) gene, located on chromosome 13. The reported percentage of patients with psychiatric symptoms as the presenting clinical feature is 10%-20%.

**Objectives:** To present and discuss a rare case admitted in the First Psychotic Episode Inpatient Unit (UIPEP) with pleiomorphic psychotic symptoms and low serum copper and ceruloplasmin and high 24h urine copper.

**Methods:** The data was collected through patient and family interviews, as well as from his medical record. We searched Pubmed using MeSH terms: psychotic disorders AND Hepatolenticular Degeneration.

**Results:** A twenty-two years old male, without known psychiatric history presented in the Emergency Department with a myriad of psychotic symptoms: motor stereotypes/mannerisms, paranoid delusions and auditory hallucinations. He was admitted in UIPEP, started low-dose antipsychotic medication with good response. As part of the implemented protocol, he did a battery of exams, including Brain CT-scan, EEG, ECG and blood and urine analysis, in which low serum copper and ceruloplasmin stood out, leveraging the suspicion of Wilson's disease. Therefore, 24h urine copper was done, with 140 mcg/d (reference range < 40 mcg/d). Brain MRI was normal and no Kayser-Fleisher rings were seen by a consulting ophthalmologist.

**Conclusions:** Without proper treatment, Wilson's disease is a progressive and fatal disease. Therefore, it's of upmost importance to recognize the clinical signs that raise suspicion of this disorder,

especially recent onset in young adult of miscellaneous psychotic symptoms with movement disorders.

**Disclosure:** No significant relationships.

**Keywords:** Wilson's disease; PSYCHOTIC DISORDERS; First Episode Psychosis

### EPV1333

#### A novel approach to patients with schizophrenia and type 2 diabetes showing low treatment compliance

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**Introduction:** Patients with schizophrenia usually demonstrate low compliance to medication. This could be a component of the disorder or a fact that they are not being properly cared.

**Objectives:** To prevent this in, we tried to treat these patients with long term action antidiabetic agents, in order to achieve better compliance.

**Methods:** HbA1C measurements of patients suffering from schizophrenia and at the same time receiving oral antidiabetic treatment were conducted. 62 patients were found that fell under the criteria of non regulated type 2 diabetes and at the same time presented less than 70% complied with their antidiabetic pharmaceutical treatment. We modified the antidiabetic treatment of these patients, with the introduction of dulaglutide.

**Results:** Without intervening with their nutritional habits there was a decline in HbA1C measurements from the average rate of 9,4% to the average rate of 7,6%, as well as an average 6,31% reduction of their body weight.

**Conclusions:** Due to the improvement of the general medical condition of these patients, the answer to the question whether these patients should be treated with a long term antidiabetic medicines, is positive. The arrival of new long term action antidiabetic medicines in the near future, promises to improve the life quality of schizophrenic patients furthermor.

**Disclosure:** No significant relationships.

**Keywords:** schizophrénia; Type 2 diabetes

### EPV1334

#### The relationship between white matter integrity of superior longitudinal fascicle and cognitive functions in chronic schizophrenia

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