S1052 E-Poster Viewing

Physiol 2022; 13). The more stabilized core muscles indicate better movements and body balance. Therefore, core stability is related with exercise performance, falling risk and falling fear. However, patients with schizophrenia have lower motivation and capability to exercise compared to normal population that may result decrease in core stability.

**Objectives:** The aim of this study is to determine the relation between core stability, functional exercise capacity and negative symptoms including especially anhedonia, motivation, psychosocial functioning in schizophrenia patients. As our knowledge, this is the first study to detect the core stability in schizophrenia.

Methods: Participants of the study were recruited from the Com-

munity Mental Health Service of Çigli Education and Research Hospital. Twenty-six individuals diagnosed as schizophrenia according to DSM-V criteria were included into the study.Symptom severity was evaluated with Positive and Negative Syndrome Scale(PANSS), psychosocial functioning was assessed with Personal and Social Performance Scale(PSP), depression was assessed using Calgary Depression Scale for Schizophrenia(CDSS),avoidance motivation assessed with Behavioral Inhibition System and Behavioral Activation System (BIS/BAS), social and physical pleasure were measured via Revised Social Anhedonia Scale (RSAS) and Revised Physical Anhedonia Scale Functional (RPAS) exercise capacity was assessed by 6-minute walking test(6MWT) and core stability was assessed using Mcgill Core Endurance Tests(MCET). Patients who exercise regularly, having metabolic diseases or comorbid psychiatric disorder were excluded from the study. The data was analyzed by IBM SPSS 24 with Pearson correlation test. Results: MCET scores were found to be moderately correlated to PSP scores (r=.45,p=.025) and BIS sensitivity was moderately correlated to psychosocial functioning (r=-.42,p=.035).Six-MWT scores were negatively correlated with BIS (r=-.51, p=.019),CSDC (r=-.47, p=.035) and PANSS negative subscale (r=-.42, p=.042). **Conclusions:** In this study core stability was found to be related to psychosocial functioning. Also, patients having negative symptoms and depression showed lower functional exercise capacity.Lower scores in social functioning and higher behavioral inhibition sensitivity may be related to psychosocial dysfunctioning and negative symptoms of schizophrenia. However, appropriate core stability

**Disclosure of Interest:** E. I. Hoşgelen: None Declared, N. Bozbıyık: None Declared, Ö. Akgül: None Declared, F. Şimşek: None Declared, N. Gelecek: None Declared, K. Alptekin Grant / Research support from: TUBITAK, Consultant of: Abdi Ibrahim, Abdi İbrahim Otsuka, Janssen, Ali Raif

training and physical exercise may help individuals with schizophrenia to improve these skills. This may lead patients to exercise, have better social performance, self-care and lower avoid-

## **EPV0935**

ance behavior.

# Evaluation of Vitamin D in the serum of in-hospital patients with psychosis. Retrospective study.

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**Introduction:** The reduction of vitamin D (VitD) has often been associated with pathological cognitive processes and in general with various mental illnesses<sup>2,3</sup>. More frequent reports of reduced concentrations of VitD concern patients with schizophrenia, however it has not been clarified whether this concerns the pathology itself of the disorder or if nutritional factors are involved<sup>1</sup>.

**Objectives:** The measurement of VitD in the serum of hospitalized patients with mental illness (schizophrenia) compared to the levels of people without mental illness.

**Methods:** The serum levels of VitD were measured in the serum of 45 psychiatric patients of psychiatric hospital "Dromokaiteion" (22 men and 23 women) mean age  $59 \pm 14$  years. The control group consisted of 49 healthy subjects (24 men and 25 women) with a mean age of  $57 \pm 14$  years (Table 1). Serum VitD levels were measured on the Architect ci4100 immunobiochemical analyzer, Abbott Laboratories Ltd, by the chemiluminescent microparticle immune assay (CMIA) method and according to the manufacturer's instructions. The statistical analysis of the data was done with the software program SPSS V.25.

**Results:** Mean values of Vit D (ng/ml) were  $15.8\pm10.7$  and  $15.3\pm12.5$  in male and female patients, respectively. For the control group the mean values were  $22.4\pm7.9$  in men and  $26.4\pm13.9$  in women. Vit D values in the psychiatric patients of both groups compared to the control group were statistically significantly different (men p=0.021 and women p=0.006). (Table2, 3).

Table 1.

Disease Onset			VitD	Age	
Patient	N	Valid	45	45	
		Missing	0	0	
	Mean		15,53	60,47	
	Std. Deviation		11,512	14,491	
No disease	N	Valid	49	49	
		Missing	0	0	
	Mean		24,43	58,88	
	Std. Deviation		11,424	14,364	

Image 2:

Table 2. Independent Samples Test (Men)

	Mean Difference	Std. Error Difference	t	df	Sig. (2-tailed)
Equal variances assumed	-6,610	2,760	-2,395	44,000	,021
Equal variances not assumed	-6,610	2,796	-2,364	38,488	.023

Image 3:

Table 3. Independent Samples Test (Women)

	Mean Difference	Std. Error Difference	t	df	Sig. (2-tailed)
Equal variances assumed	-11,100	3,822	-2,904	46,000	,006
Equal variances not assumed	-11,100	3,804	-2,918	45,978	.005

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**Conclusions:** The findings of the study are consistent with those of similar studies confirming low concentrations of VitD in the serum of patients with mental illness. This parameter should be taken into account as its measurement is not included in the routine laboratory control to date. Further future studies should correlate VitD deficiency with specific demographic and clinical characteristics.

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Disclosure of Interest: None Declared

## **EPV0936**

## EFFECT OF EMDR THERAPY ON POST-TRAUMATIC STRESS SYMPTOMS, SYMPTOM SEVERITY AND ANXIETY LEVEL IN PSYCHOTIC PATIENTS WITH AT LEAST ONE TRAUMATIC EVENTS

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doi: 10.1192/j.eurpsy.2023.2234

Introduction: Eye Movement Desensitization and Reprocessing (EMDR) is a powerful psychotherapy approach developed by Francine Shapiro in 1987 when she realized that rhythmic eye movements reduce disturbing thoughts. The effectiveness of the therapy has been proven by many studies after its discovery. EMDR, which was initially used only in the treatment of Post Traumatic Stress Disorder, has become a treatment option used in the treatment of psychiatric disorders of more than 2 million people today. EMDR, which is used today, contains elements from many therapy schools and consists of a phased protocol (Shapiro, 2018). Increasing evidence acknowledging the relationship between trauma and psychosis indicates that EMDR can be a vital addition to the treatment of psychosis (Sin & Spain, 2017; Valiente-Gomez et al., 2017). However, the effect of EMDR on psychosis has not yet been sufficiently clarified. There is alsoIt has not yet been clarified whether the curative effect on the psychotic symptoms or on the anxiety symptoms. For this reason, in our study, the effect of EMDR on these symptoms will be investigated by comparing the case and control groups.

**Objectives:** This study aims to evaluate the effect of EMDR therapy on post-traumatic stress symptoms, schizophrenia symptom severity and anxiety level in psychotic patients with at least one traumatic event

**Methods:** This study is a randomized controlled, prospective follow-up study aiming to evaluate the effect of EMDR therapy

on post-traumatic stress symptoms, schizophrenia symptom severity and anxiety level in psychotic patients with at least one traumatic event. Written informed consent to participate in the intervention study will be requested from all patients who meet the inclusion criteria. Consent participants receive pre-treatment (T0) measurements. After T0, participants will be randomized to EMDR or waiting list Participants will be randomly assigned to 26 people in each group. These groups will be made by the independent randomization bureau of the Parnassia Institute of Psychiatry using the scientific randomization program on the Internet (www.randomizer.org).

**Results:** The effects of EMDR therapy on posttraumatic stress symptoms, schizophrenia symptom severity and anxiety level in psychotic patients were obtained from pretest and posttest measurements.

**Conclusions:** More studies are needed on the effectiveness of Eye Movement Desensitization and Reprocessing (EMDR) therapy.

Disclosure of Interest: None Declared

#### **EPV0937**

## Hyperammonemic Encephalopathy: valproic acidinduced adverse reaction

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doi: 10.1192/j.eurpsy.2023.2235

**Introduction:** Hyperammonemic encephalopathy is an unusual but fatal consequence of patients being treated with valproic acid (VPA). The most relevant clinical features in cases of valproic acid-induced hyperammonemia include confusion, lethargy, vomiting, and increased seizure frequency and may progress to stupor, coma, and lead to death in isolated cases. The causes are not fully elucidated, but studies suggest alterations in liver and kidney function with abnormalities in the urea cycle causing increased ammonium levels

**Objectives:** Clinical review and treatment approach for VPA-induced hyperammonemia encephalopathy.

**Methods:** Clinical case and literature review.

Results: A 23 - years - old male, admitted to the psychiatric unit for a psychotic episode in the context of drug use and associated affective symptoms. Treatment with antipsychotic (Risperidone 6mg per day) and mood stabilizer (valproic acid up to 1000/mg per day) was prescribed. After ten days of treatment, the patient started with low level of awareness and abnormal behaviour. Neurological examination showed marked somnolence, dysarthric language, unstable gait and behavioral alterations. In the physical examination the constants are stable with discrete tachycardia. Laboratory tests revealed hyperammonemia (609µg/dL), with normal liver function and serum concentration of total valproic acid therapeutic (69mg/L). Brain computed tomography (CT) revealed no significant anomalies. Doctors initiated treatment with daily cleansing enema and VPA was suspended immediatly. After forty-eight hours the patient's mental status gradually improved back to baseline and the ammonium levels were normalized in medical tests.