or medications. In literature it has been divided into three types, according to the clinical symptoms: psychotic depression, Cotard type I, and Cotard type II.
**Objectives:** Literature review on Cotard Syndrome and its link with Multiple Sclerosis, based on a clinical case.
**Methods:** Pubmed and Google Scholar search using the keywords Cotard Syndrome, Multiple Sclerosis.
**Results:** Hereby we present a clinical case of a 53-year-old female patient, with multiple sclerosis, who presented with hypochondriac and nihilistic delusions and refusal of food and medication. The patient was treated with olanzapine with rapid remission of delusional activity.
**Conclusions:** Multiple sclerosis is an immunemediated chronic disease, affecting predominantly the sensory and motor function. In addition, psychiatric comorbidity is very frequent with up to 50 % lifetime risk of depression. While various neurological disorders have been described in association with Cotard syndrome, its link with multiple sclerosis has been scarcely reported.

**Disclosure:** No significant relationships.
**Keywords:** Cotard Syndrome; Multiple sclerosis; case report

## EPV0608

## Management challenges in a schizophrenic patient with multiple brain abscesses: A case report

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**Introduction:** Cerebral abscesses are rare, occurring in approximately 0.3–1 per 100 000 patients. Mortality rate still remains as high as 22%. Very few cases of acute psychotic episodes associated with brain abscess have been reported.
**Objectives:** To present a case report of a patient with schizofrenia associated with multiple brain abscesses, focusing on clinical features and managing challenges.
**Methods:** Presentation of a clinical case supported by a non-systematic review of literature containing the key-words "brain abscess", "psychosis" and "schizophrenia"
**Results:** This is a case report of a male 44-year-old patient with a known history of schizophrenia since the age of 18 and with multiple brain abscesses diagnosed 2 month ago. He was admitted to our inpatient service after discontinuation of her medication resulting in an acute psychotic episode. Antibiotic therapy with rifampicine, metronidazole, trimethoprim and sulfamethoxazole was started. Also, administration of clozapine was initiated (up to 400mg/day) with partial improvement, so aripiprazole was added (up to 45 mg/day), with insufficient response. We suspected of a drug interaction between rifampicine (known potent broad inducer of drug-metabolizing enzymes) and antipsychotic medication, so we decided to change aripiprazole to amisulpride 1200 mg/day, which CYP-catalyzed metabolism appears to be minor. A significant improvement in positive symptoms and mood was observed. The patient has since had no delusions or hallucinations and is living independently at home.
**Conclusions:** This clinical case highlights the possible association between brain abscesses and relapses in schizophrenia. It is of utmost importance to be aware for possible drug interactions between antibiotic therapy and antipsychotic medication.

**Disclosure:** No significant relationships.
**Keywords:** brain abscess; drug interaction; rifampicine; schizophrénia

## EPV0610

## Estrogens in schizophrenia: What do we know?

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**Introduction:** Schizophrenia is a chronic disease that significantly impacts cognitive functioning. Sex differences in incidence, onset and course of schizophrenia suggest estrogens have a protective role.
**Objectives:** Our aim is to review the state of the art on this matter.
**Methods:** Through a selection of the most relevant articles found on PubMed and ClinicalKey searching the keywords: "estrogens" and "schizophrenia".
**Results:** Accumulating evidence has led to the hypothesis that estrogens act as a protective factor in women regarding the onset of schizophrenia as their increase in puberty may help delay the onset of symptoms. Also, the estrogens abrupt decline in menopause may account for a second peak of onset and greater severity of the symptoms. During the menstrual cycle, when serum estrogens are at their lowest, there is an increase in the number of psychotic episodes and an exacerbation of psychotic symptoms. Pregnancy leads to an improvement of psychotic symptoms, which then worsen in postpartum. Clinical trials testing the efficacy of estrogens have been promising, which suggest they might be a useful adjuvant treatment. Despite the evidence of clinical efficacy, health risks for women using estrogen therapy should be considered, as they decrease its acceptability as a viable treatment option. The use of selective estrogen receptor modulators (SERMs), as raloxifene, could be a favorable and safer alternative.
**Conclusions:** In conclusion, estrogens are proving to be a promising option as a complementary therapy for schizophrenia; however, further studies are needed to investigate whether they might be overall beneficial.

**Disclosure:** No significant relationships.
**Keywords:** estrogens; schizophrénia

## EPV0613

## Development of psychosis following sexual abuse:rape of an adolescent: A case study

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