

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 schizophrenia 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; schizofrénia

## 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; schizofrénia

## EPV0613

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

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**Introduction:** Several studies have mentioned the link between psychotrauma and psychosis. A direct causal link remains to be discussed.

**Objectives:** Evaluate the link between sexual abuse and psychosis.

**Methods:** We report the case of a male patient who developed schizophrenia following sodomy rape. We performed a literature review based on a PubMed search with the following keywords: "rape sodomy psychosis".

**Results:** Mr. M., 26 years old, with a personal psychiatric history of chronic psychosis evolving for 10 years, consulted us for follow-up of his schizophrenia. When he was 16, the patient was raped by sodomy by a 40-year-old man under stabbing threat. After this incident, the patient did not verbalize this trauma, he isolated himself, became irritable and aggressive and has had olfactory hallucinations. The symptomatology worsened until the age of 24 when the patient presented a delusional syndrome with a theme of persecution, mysticism, bewitchment by a mechanism of interpretation and visual hallucinations. Then, he was hospitalized in psychiatry for psychomotor instability, verbal hetero-aggression. He had been diagnosed with schizophrenia evolving over 9 years. Treatment with an antipsychotic: risperidone and valproic acid was started. The evolution was quickly favorable but the patient currently presents blunted affect, a sexual disinterest and a strong desire for revenge from his rapist. Treatment adjustment and psychotherapy would be considered.

**Conclusions:** The onset of subsequent rape psychosis and the persistence of symptoms related to the trauma are arguments in favor of a direct causal link between sexual abuse and schizophrenia.

**Disclosure:** No significant relationships.

**Keywords:** sodomy; psychosis; adolescent; rape

## EPV0614

### Negative symptoms of schizophrenia in patients with acute and transient psychotic disorders

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**Introduction:** The ICD-10 acute and transient psychotic disorders (ATPD, F23) without symptoms of schizophrenia are considered predominantly reactive psychotic disorders or affective pathology. However, negative symptoms of schizophrenia may be revealed in some of these cases after the psychotic reduction.

**Objectives:** To investigate the association between the developmental characteristics of psychosis and the negative symptoms detection after the psychotic reduction of ATPD without symptoms of schizophrenia.

**Methods:** 68 adult inpatients with ATPD without symptoms of schizophrenia (F23.0) were examined. Negative symptoms were assessed with the PANSS negative symptom subscale (PANSS-NSS). The sample was divided into two groups: with PANSS-NSS score >14 (n=12) and with PANSS-NSS score ≤14 (n=56),

respectively. Clinical-psychopathological, psychometric and statistical methods were applied.

**Results:** The results of the study are presented in Table 1.

Table 1. The ATPD developmental features			
Features	The 1 <sup>st</sup> group (n=12)	The 2 <sup>nd</sup> group (n=56)	Pearson's contingency coefficient (C)
<b>Males</b>	7 (58,3%)	37 (66,1%)	0.062
<b>Females</b>	5 (41,7%)	19 (33,9%)	0.062
<b>Mean age of psychotic onset, years (M±m)</b>	24,9±10,5	30,8±10,2	-
<b>Family history of schizophrenia*</b>	4 (33,3%)	1 (1,8%)	0.418
<b>Poor premorbid social adaptation*</b>	5 (41,7%)	0	0.520
<b>Prodromal functional decline*</b>	9 (75,0%)	4 (7,1%)	0.550
<b>Prodromal non-psychotic symptoms</b>	9 (75,0%)	30 (53,6%)	0.163
<b>Associated acute stress</b>	4 (33,3%)	27 (48,2%)	0.113

\*p<0,001

**Conclusions:** The probability of negative symptoms detection in ATPD without symptoms of schizophrenia is relatively strongly associated with the family history of schizophrenia, poor premorbid social adaptation and functional decline prior to the psychotic onset.

**Disclosure:** No significant relationships.

**Keywords:** negative symptoms; schizophrenia; Acute and transient psychotic disorder

## EPV0615

### Introducing a psychiatric genetic cohort of schizophrenia patients and controls from Vietnam

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**Introduction:** Genome-wide association studies (GWAS) have successfully revealed genetic risk variants for schizophrenia (SCZ). However, the vast majority of GWAS largely comprise European