

Serum IL-33	Admission Mean±sd	Discharge Mean±sd	Z	P value
12:00 h.	191.0±348.7	247.0±378.2	-0.166	0.868
00:00 h.	218.8±370.3	153.6±275.7	-2.203	0.028

Conclusions: The decrease of serum IL-33 at 00:00 at discharge compared to the 00:00 IL-33 serum level at admission points to the utility of this biomarker as a surrogate of brain inflammation.

Disclosure of Interest: None Declared

EPV0958

Differential diagnosis of late onset psychotic symptoms. A case report.

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Introduction: We present the case of a sixty-seven-year-old woman who is examined for the first time in the emergency room because of a nine-month clinical picture that involves psychotic symptoms. The patient exhibits persecutory delusions that started after she shared some private information on social media. These symptoms also entail emotional distress and behavioral disturbances. She has never experienced hallucinations, but she does present delusional interpretations of the environment. Her clinical history reveals abnormalities of premorbid personality, including paranoid and immature features.

Objectives: (1) We will be carrying out a differential diagnosis of late onset psychotic symptoms. We will as well be exploring the concept of Paraphrenia and analyzing its differential features in order to establish the most suitable diagnosis for the case.

(2) The relationship between abnormalities in premorbid personality and psychotic symptoms will be covered, reviewing the available literature on this matter, and relating it to the patient's symptomatology.

Methods: A review of the patient's clinical history will be carried out, considering her biography, the testimony of her family and the complementary tests performed during the hospitalization period. A bibliographic review of the available scientific literature will also be developed involving disorders that could explain psychotic symptoms in the elderly, as well as the term Paraphrenia, which describes specific features in a psychotic episode but is not included in the diagnostic manuals.

Results: (1) The symptomatology that our patient exhibits may be considered atypical given the late stage of its onset and its specific features.

(2) The case could be explained under the category of Delusional Disorder. From a psychopathological point of view, it could also fit under the diagnosis of Paraphrenia as described by Ravindran et al.

(3) Pathological personality traits were assessed in premorbid personality which included paranoid and immature features.

Conclusions: It could be useful to review the concept of the "paranoid spectrum" as proposed by some authors regarding some

patient's psychotic symptoms that don't exactly fit any of the nowadays diagnostic categories. "Paraphrenia" could be understood as a distinct clinical entity for patients who show psychotic disorders but keep affective warmth and lack though deterioration and grossly disorganized behavior.

Most patients with late life paranoid psychoses have abnormal premorbid personalities, most usually of schizoid or paranoid type. There's a decent amount of consensus in viewing the premorbid personality as having been abnormal as an early marker of impending psychosis.

Reformulating the way we approach diagnosis of psychotic symptoms of late onset could help us identify vulnerable patients on a premorbid stage and better classify and understand atypical entities.

Disclosure of Interest: None Declared

EPV0959

Ekbom Syndrome - A Case Report

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Introduction: Ekbom Syndrome is a rare condition presenting as a uni-thematic delusional belief of parasitosis. Affected individuals are often socially isolated presenile females. The syndrome is characterised by kinaesthetic hallucinations of insect infestation with persistent pruritis. First described by Karl Ekbom in 1938, presentations are rare, often presenting initially to primary care and dermatological services. We report a case of an older adult female referred to Community Mental Health Team following multiple presentations to the primary care physician with subsequent diagnosis of Ekbom Syndrome.

Objectives: To illustrate a rare case report of Ekbom Syndrome, managed successfully in the community in Ireland.

Methods: A retrospective case study. Data was reviewed from available psychiatric and medical records including laboratory testing.

Results: A 69 year old Catholic Nun was referred to the CMHT for psychiatric assessment. The patient presented to the CMHT appointment as distressed. She reported a 15 year history with significant deterioration 4 months prior, of progressive symptoms of a 'crawling and biting sensation' all over her body, alongside intermittent anxiety related to the infestation. The patient acknowledged that she had visited her primary care physician on multiple occasions seeking resolution. On one occasion the patient brought a sample of the alleged parasites inside a small container, 'matchbox sign'.

A professional pest control agency had recently been employed to decontaminate her bedroom in the parish house of which she is resident in. She described a rigid routined, daily washing of clothes. Medical history was significant for pituitary gland adenoma 30years prior, with pituitary excision twice secondary to visual disturbance and reoccurrence. She was on lifelong thyroid replacement with acceptable postoperative functioning.

The patient was commenced on Aripiprazole oral medication and received psychoeducation via Specialist Mental Health Nursing