

**Objectives:** To illustrate the incipient phase of psychotic disorder through the presentation of a case.

**Methods:** A presentation of a clinical case.

**Results:** A 29-year-old man attends the emergency department due to anxiety of one month of evolution, that had debuted after a stressful event in the patient's life such as loss of employment. He suffered from intense morning-predominance anguish, depersonalization episodes, insomnia, hallucinosis, cognitive blocks that occasioned him great anxiety and apragmatic behaviors. Besides, he had language alteration and autolytic ideation with previous autolytic gestures. After evaluation, he was diagnosed with psychotic episode. He was hospitalized, and treatment with olanzapine and lorazepam was started.

**Conclusions:** With the exhibition of this case, we intended to point up the importance of a differential diagnosis with different disorders marked by anxiety as the main symptom. In our case, panic disorder should be taken in account as a differential diagnosis. Furthermore, as the evidence shows, the identification of prodromic phases in schizophrenia allows an early diagnosis and early intervention, improving the prognosis.

**Disclosure:** No significant relationships.

**Keywords:** trema; Anxiety; Psychosis; anguish

#### EPV1412

### Anticholinergic syndrome in a patient with schizophrenia

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**Introduction:** Anticholinergic syndrome (AS) is a complication that can appear due to different drugs with antimuscarinic effects, such as antihistamines, alkaloids, antipsychotics, tricyclic antidepressives or anesthetics, and it is characterized by urinary retention, dry mouth and skin, mydriasis, low-grade fever, and confusion or coma.

**Objectives:** To describe a clinical case of AS admitted to our hospital.

**Methods:** We present a case report of a patient with schizophrenia who presented an anticholinergic syndrome. We also searched for previous studies of AS using a pubmed query.

**Results:** A 53-year-old male was admitted for a psychotic decompensation to another hospital in Barcelona. The usual treatment at home was amisulpride 1200mg/d, olanzapine 30mg/d and lormetazepam, and haloperidol 6mg/d and clotiapine 40mg/d were added to treat the decompensation. Then, the patient started to present mydriasis, mucocutaneous dryness, low-grade fever, slight hypertension and tachycardia, repeated retentions of urine, confusion, unintelligible speech and agitation, so he was referred to our hospital. Once he was admitted, haloperidol was withdrawn and support measures (bladder catheterization, fluid therapy, etc.) were applied. After a few days, most of the mentioned alterations were stabilized, but the psychotic symptoms, such as thought and

behavioural disorganization, persisted and required electroconvulsive therapy, with subsequent improvement.

**Conclusions:** AS is a relatively frequent side effect of psychiatric medication, which diagnosis is clinical, so, we must be capable to identify it and initiate early treatment to prevent possible complications. The first step, as reflected in the case described, is to stop the causative drugs, and apply support measures. Additionally, physostigmine can be used, as it is an effective antidote.

**Disclosure:** No significant relationships.

**Keywords:** anticholinergic; physostigmine; schizofrenia; Antipsychotics

#### EPV1414

### Psychotherapeutic intervention for treatment of psychotic symptoms in patients with paranoid development. About a case

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**Introduction:** Psychotic symptoms are not exclusive to schizophrenia, they can be due to paranoid development and can be treated differently.

**Objectives:** The objective of this paper is to study, from the following case, the effect of psychotherapeutic treatment in patients with paranoid development.

**Methods:** A bibliographic search was performed from different database (Pubmed, TripDatabase) about psychological intervention for the improvement of paranoid symptoms. 20-year-old man, born into a family with marital problems, without difficulties in psychomotor development, socialization or academic performance, who began with behavioral alterations from the age of 5 that he had begun to suffer abuse from his father, showing aggressiveness towards other children and progressively worsening over the years: consuming cannabis, isolating himself, listening to protective voices and distrusting of people, to whom he responded aggressively believing that they wanted to harm him.

**Results:** Initially, he was treated with antipsychotics that were later suspended when acute psychotic symptoms were ruled out, diagnosing a paranoid development secondary to trauma, for which he had felt fear and defenselessness, and had learned to be alert and respond aggressively to everything he considered threatening, showing anger that he did not know how to express. During therapy, abstinence to drugs was worked on, therapeutic link, mentalization-based therapy, emotions, narrative techniques, trauma and systemic family therapy.

**Conclusions:** To conclude, we need to pay attention to development of pathologies like this so as not to rush with antipsychotics, when it may be due to a development secondary to trauma that needs to be treated psychotherapeutically.

**Disclosure:** No significant relationships.

**Keywords:** Trauma; mentalization-based therapy; Psychotherapy; psychotic symptoms