EPV1420

Multiple inpatient admissions for cannabis-induced psychotic disorder - sociodemographic, clinical and treatment evaluation

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Introduction: Current evidence contradicts the idea that cannabis-induced psychotic disorder (CIPD) has an overall benign prognosis, with up to half of these patients being with a schizophrenia spectrum disorder later in life.
Objectives: To characterize sociodemographic and clinical characteristics and treatment plan of inpatients with multiple admissions for CIPD over a one-year period, compared to those with a single admission.
Methods: Retrospective observational study of inpatient episodes with CIPD between january 1st 2018 and september 30th 2021 in a tertiary psychiatric inpatient unit. Statistical analysis was performed using SPSS software, version 27.0.
Results: Our sample included 80 inpatients, 15 (18.8%) with multiple admissions for CIPE within one year period and 65 (81.3%) with a single admission. The multiple admissions group had a median of 1 ±0,915 admissions within the same year. Being readmitted for CIPE was associated with outpatient compulsory treatment at discharge (OR 3,01 (95% CI 1,27-7,18, p=0,034). These patients had 3.14 higher odds of future admissions to psychiatry unit (CI 95% 1.70-5.78, p<0.001). We found no statistically significant differences regarding the sociodemographic and clinical characteristics, daily vs. occasional use of cannabis in patients with multiple admissions for CIPE.
Conclusions: Patients with multiple admissions for CIPD tend to have more relapses and require assertive treatment measures. However, they did not differ regarding the sociodemographic and clinical characteristics studied from patients with single admissions. This suggests that additional assessment of these patients might be important to predict the course of the disease.

Disclosure: No significant relationships.
Keywords: inpatient treatment; clinical biomarkers; Cannabis; Psychosis

EPV1419

Cariprazine as a useful treatment for patients with schizophrenia and antipsychotic-induced extrapyramidal symptoms: a case report and literature review

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Introduction: The discovery of second-generation antipsychotics represented an authentic breakthrough for the management of psychotic disorders. Nevertheless, they still don't adequately manage some aspects of these disorders, such as negative symptoms (NS), cognitive impairment, or extra-pyramidal symptoms (EPS). New-generation antipsychotics present different pharmacological mechanisms and have been reported to ameliorate these aspects. Among them, cariprazine acts as a D2/D3 partial agonist with variable affinity with serotoninergic receptors, and many studies show its efficacy for preventing and treating positive symptoms as well as for the management of NS and EPS.
Objectives: To report a case of a patient diagnosed with schizophrenia with highly invalidating antipsychotic-induced EPS that remitted after switching to cariprazine, while maintaining clinical stability. To review literature about cariprazine and its relationship with NS and EPS.
Methods: We describe the case of a 66-year-old woman diagnosed with schizophrenia and under treatment with three-month injectable paliperidone 175mg. During her follow-up at outpatient clinic, she presented a progressively highly invalidating non-trembling parkinsonian syndrome attributable to medication. Paliperidone plasmatic levels were within therapeutic range. An antipsychotic switch was agreed, and cariprazine was started.
Results: The switch from a second-generation antipsychotic to cariprazine entailed the remission of a highly invalidating EPS while improving some of the NS and maintaining psychopathological stability.
Conclusions: Assessing and differentiating NS and EPS is of an utmost importance during the follow-up of patients under antipsychotic treatment. Cariprazine is an interesting alternative when treating patients diagnosed with psychotic disorders that present mostly NS and antipsychotic-induced EPS.

Disclosure: No significant relationships.
Keywords: cariprazine; schizophrénia; extra-pyramidal syndrome; negative symptoms

EPV1420

A late-onset Ornitin Transcabamylase deficiency case as an organic psychosis

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Introduction: Ornithine transcarbamylase (OTC) deficiency is the most frequent congenital defect among the urea cycle enzymatic disorders, due to mutations a!ecting the OTC gen (Xp21.1) that are inherited with an X-linked pattern. As it happens with sex-linked genetic disorders, late-onset OTC deficiency is more prevalent among women, so that females may be asymptomatic over the years and manifest symptoms only when they are submitted under severe metabolic stress, such as pregnancy, infections or new medications. The enzymatic defect involves a blockage a!ecting the main biochemical route that converts ammonia into urea. This leads to analytic hyperammonemia and the outburst of gastrointestinal, neurological and psychiatric symptoms with variable severity.

Objectives: Expounding the importance of inborn errors of metabolism as possible causes of a psychotic episode.
Methods: Describing the case, supporting our data with a bibliographic research made on PubMed.
Results: We describe a psychiatric adult-onset OTC deficiency in a 37-year-old woman with borderline intellectual functioning and a psychotic episode in the context of an infection that was wrongly diagnosed at first as schizophrenia, until the genetic study was carried out. The woman's familiar history shown an OTC deficiency among some family members, a mutation- carrier sister and at least two male children death by the first month of life.
Conclusions: Organic psychosis can be caused by a large number of medical diseases. A di!erential diagnosis of possible cerebral, toxic or metabolic causes of psychosis is necessary to avoid mistakes in diagnosis.

Disclosure: No significant relationships.
Keywords: OTC deficiency; Organic psychosis; Psychosis

EPV1421

Schizophrenic or blind but not both

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Introduction: Although visual impairment appears to be a risk factor for schizophrenia, early blindness may be protective. It's a phenomenon that has puzzled even the smartest scientific brains for decades. It might surprise you: no person born blind has ever been diagnosed with schizophrenia.
Objectives: The aim of this research is to discover the relationship between schizophrenia and congenital blindness and whether there is a protective gene and whether visual perception is an essential stage in the onset of diseases itself.
Methods: It's a case study of a family consisting of 13 brothers and sisters, three of whom were blind at birth, three with schizophrenia. We proceeded with a study of the medical files of all the schizophrenic patients and also ophthalmological exams for all the family members.
Results: Preliminary observational analysis of this clinical case suggests the following hypothesis: the presumed protective role of congenital blindness against schizophrenia. Moreover, the ophthalmological exams showed no visual impairment in schizophrenic patients. The bibliographic research has objectified more than three recent studies in this direction.
Conclusions: The relationship between schizophrenia and congenital blindness is still unrecognized and controversial. Several studies are done in this neurodevelopmental field but so far there has been no assertion nor confirmation of the suggested hypothesis. More research is needed.

Disclosure: No significant relationships.
Keywords: blindness; congenital; schizophrénia

EPV1423

The importance of blood count and oxidative stress in the drug-naïve first episode schizophrenia

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Introduction: Schizophrenia (SZ) is associated with changes in haematological parameters related to low-grade inflammation state and could be amplified via oxidative stress (OS) related mechanisms. Although studies confirm this relationship, the results could be cofounded by patients' treatment.
Objectives: The study aimed to assess the connection between venous blood count and OS in drug-naïve first-episode SZ patients.
Methods: The study consisted of 24 SZ drug-naïve patients during first episode of psychosis (median age: 22 years), and 31 healthy individuals (HC) as a control group (median age: 28 years). The examination included clinical data, OS parameters (enzymatic and non-enzymatic antioxidants), peripheral blood counts.
Results: We did not find differences between SZ and HC in blood count parameters ($p>0.05$). In patients group, white blood cells (WBC), neutrophils and neutrophils-to-lymphocyte ratio (NLR) were positively related with the severity of positive symptoms ($R=0.59$, $R=0.53$, $R=0.50$; $p<0.05$, respectively). WBC was related to superoxide dismutase (SOD-1) levels (HC: $R=-0.36$, SZ: $R=0.70$; $p<0.05$). Neutrophils were positively related to catalase (CAT) ($R=0.52$; $p<0.05$) and ferric reducing antioxidant power (FRAP) ($R=0.61$; $p<0.05$), but only in the patients' group. There was a positive relationship between NLR and CAT ($R=0.45$; $p<0.05$) in the SZ group.
Conclusions: The results indicate potential connection and interplay between OS and blood count parameters in the onset of psychotic episode. Further studies on a larger group of patients are needed.

Disclosure: No significant relationships.
Keywords: Oxidative stress; First Episode Psychosis; white blood cells; drug-naïve

EPV1424

The effect of COVID-19 pandemic on admissions for cannabis-induced psychotic disorder

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