

EPV1429

Impressive Response with Brexpiprazole in Ekbom's syndrome

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Introduction: Antipsychotics are the mainstream treatment of delusional disorder. However, limited therapeutic effect was recognized due to side effect and lack of insight.

Objectives: This article presents a case with Ekbom's syndrome, also known as delusional parasitosis, who has significant response with Brexpiprazole.

Methods: A 58-year-old female developed her very first episode of psychosis 3 weeks before she visited our emergency department. Delusion of spiders laying eggs and bitsy spiders crawling over her body was claimed, followed by depressed mood and insomnia. The patient denied any substance use in recent months. Examination including biochemical studies, complete blood count, vitamin, and endocrine during admission were all normal. Brain image revealed senile cortical atrophy without apparent acute infarction. Cognitive abilities screening instrument (CASI) revealed total score 75, indicating borderline cognitive function. Ophthalmologist and dermatologist were consulted, and no specific abnormality was found.

Results: Brexpiprazole 2mg was prescribed. After 3 weeks of treatment, the delusion improved with less parasitosis content. We discharged the patient, and kept following her at outpatient department with Brexpiprazole 2mg for 2 months. We tried to taper Brexpiprazole to 1mg at clinic, but her delusional parasitosis relapsed within 1 month. Therefore, we titrated the medication back to 2mg, and kept some dosage for 4 months. No more relapse of psychosis or significant movement dysfunction was observed. The total treatment course was 7 months.

Conclusions: Brexpiprazole, with its D2 partial agonism, shows impressive antipsychotic effect to Ekbom's syndrome. Little side effect was observed in clinical practice, making Brexpiprazole a worth-trying psychopharmacological management of delusional parasitosis.

Disclosure: No significant relationships.

Keywords: Antipsychotics; Brexpiprazole; Delusional parasitosis; Ekbom's syndrome

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Cycloid psychosis - from the past to the future: based on a case report

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Introduction: The concept of cycloid psychosis has a long tradition in European psychiatry since it was introduced by Kleist in 1926. Nevertheless, this concept is not included explicitly in modern classifications, leading to a controversial discussion about its utility in current psychiatry.

Objectives: Starting from a case study, we intend to review the evolution of cycloid psychosis concept and analyze its role in modern psychiatry.

Methods: Non-systematic review of the literature and report of a case study.

Results: Following Kleist's work, Leonhard described the three overlapping subtypes, and later Perris developed the first operational diagnostic criteria. Since then, this entity has shown a high diagnostic stability, validity and a good predictive diagnostic and prognostic value. We report a case of a 30-year-old woman, previously healthy, without regular medication, living with her parents and 5-year-old son, until she emigrated alone to Switzerland. After 10 days abroad, she was sent back to Portugal, and after organic disease and drug misuse exclusion, she was admitted in our inpatient ward with a clinical picture of perplexity, anxiety, thinking and behavioral disturbance with persecutory and poisoning delusions, auditory hallucinations, and total insomnia. Following rapid and full recovery, she was discharged 14 days later while being medicated with Paliperidone 3 mg/day and Lorazepam 4 mg/day, which was abandoned by her 2 months later, without relapse of the symptoms.

Conclusions: The current lack of a satisfactory system for categorizing acute, and remittent psychoses seems to be reason enough to remain awareness of this unique diagnostic entity, which is worthy of further investigation.

Disclosure: No significant relationships.

Keywords: cycloid psychosis; brief psychotic disorder; Acute and transient psychotic disorder; atypical psychosis

EPV1429

The Navigate First Psychosis Program: A balance between the medical and recovery models in the debate about long term prophylactic antipsychotics. Mission Impossible?

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Introduction: First psychosis programs have been developed during the past 30 years to influence the prognosis of a first psychotic episode by early integrative biopsychosocial interventions, with a focus on the processes that contribute to relapse. In the process of recovery, Navigate program emphasis on enabling a connection to what is important to the person (work, studies, relationships, intimacy), thus strengthening resiliency and quality of life and reducing self-stigma. Medication is part of any intervention program, however, there is a lot of ambivalence amongst the young person and family about its continuation and many will stop the medication altogether. Moreover, although evidence for the benefits of antipsychotic medication in short-term treatment is well established, there is an ongoing debate in the professional medical literature about the need and benefit of routine prophylactic long-term antipsychotics after first psychotic episode. There is also a significant uncertainty concerning the proportion of patients that will maintain remission without antipsychotics.

Objectives: In this lecture, we will present some of the lessons that we have learned and are still learning from our clients, together with case examples.

Methods: In our Navigate Program, we have developed strategies based on literature and experience that enables the person/family to be part of the decision-making process, which at times presents dilemmas and risks but also promotes the potential for growth and transformation.

Results: How do we talk about the medication issue? Who can continue without medication or with very low dosage? How can we taper antipsychotic treatment?

Conclusions: Are we willing to take the risk?

Disclosure: No significant relationships.

Keywords: Navigate; long term antipsychotic treatment; shared decision making; first psychosis

EPV1431

Gender differences in clinical and psychosocial features in a large sample of Italian patients with schizophrenia

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Introduction: An extensive literature regarding gender differences relevant to several aspects of schizophrenia is nowadays available. It includes some robust findings as well as some inconsistencies. The identification of gender differences and the understanding of their explanations may help to clarify the underlying etiopathogenetic mechanisms of specific aspects of the disorder.

Objectives: The present study aimed at investigating gender differences on premorbid, clinical, cognitive and outcome indices, as well as their impact on recovery, in a large sample of patients with schizophrenia recruited within the multicenter study of the Italian Network for Research on Psychoses.

Methods: State-of-the-art instruments were used to assess the investigated domains. Group comparisons between male and female patients were performed on all considered indices. The associations of premorbid, clinical and cognitive indices with recovery in the two patient groups were investigated by means of multiple regressions.

Results: Males with respect to females had a worse premorbid adjustment – limited to the academic dimension – an earlier age of onset, a higher frequency of history of substance and alcohol abuse, more severe negative symptoms (both avolition and expressive deficit), positive symptoms and impairment of social cognition. No gender difference was observed in neurocognition nor in the rates of recovery.

Conclusions: Although males showed some disadvantages in the clinical picture, this was not translated into a worse outcome. This finding may be related to the complex interplay of several factors acting as predictors or mediators of outcome.

Disclosure: No significant relationships.

Keywords: Gender differences; Recovery; schizophrenia; sex differences

EPV1432

Aripiprazole lai two-injection start in a 16 year-old with Schizophrenia

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Introduction: Aripiprazole LAI is approved for the treatment of schizophrenia in adults. Recently, Europe and Canada approved the use of the two-injection start (TIS) regimen: two separate injections of 400 mg long-acting aripiprazole along with a single 20 mg dose of oral aripiprazole. Aripiprazole showed efficacy in the treatment of adolescents with acute schizophrenia in several controlled trials, leading to its approval for 13-17 year-old adolescents with schizophrenia by the EMA. However, the LAI formulation still remains off-label in adolescents.

Objectives: To demonstrate the efficacy and safety of the TIS regimen of aripiprazole LAI formulation in a 16 year-old adolescent with schizophrenia.

Methods: We evaluated the symptoms of schizophrenia and general severity by means of the PANSS and CGI scales. The scales were administered at hospital admission, after 3 weeks, 5 weeks, and at 4-weeks follow-up.

Results: At the admission the patient PANSS total score was 136, the CGI score of 7. Aripiprazole was started and up-titrated to 30 mg/day. After 3 weeks, the positive symptoms were significantly reduced; due to the persistence of negative symptoms, clozapine 100 mg/day was added. At week 5 the PANSS total score decreased to 81. Due to poor insight we proposed aripiprazole LAI with the two-injection start. One month later, global functioning and illness insight improved; PANSS score was 43, CGI score 2. There was no evidence of akathisia or other side effects.

Conclusions: Aripiprazole LAI showed good efficacy and tolerability in an adolescent with schizophrenia. The two-injection start regimen was a safe and viable option.

Disclosure: No significant relationships.

Keywords: schizophrenia; lai two-injection; Psychofarmacology; Psychosis

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Are conspiracy theorists psychotic? A comparison between conspiracy theories and paranoid delusions

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