

psychiatric disorders). Additionally, the use of a smartphone application “Robin Z”(add-on treatment tool to support the patients between the sessions) was assessed.

**Results:** In the last five years we saw 300 patients (112 female, mean age 15.7) who sought the care unit for early intervention. The evaluation of the risk showed that 44 patients had no increased risk, 205 were classified with a CHR and 51 fulfilled the criteria of an early onset psychosis (18.5%). Most of the patients showed comorbid diagnosis, mainly depressive disorders (42%). The data about the treatment will be analyzed for the congress.

**Conclusions:** Despite clinical implications, there is little data about early detection and early intervention in psychosis for children and adolescent. Therefore, the evaluation of the clinical data of the CAPS is of clinical importance and expected to add essential information in the fields of prevention and early intervention in psychosis.

**Disclosure of Interest:** None Declared

## EPV0991

### Visual Backward masking as an endophenotype of psychosis

M. Roinishvili<sup>1\*</sup>, E. Chkonia<sup>2</sup>, A. Brand<sup>3</sup> and M. H. Herzog<sup>3</sup>

<sup>1</sup>The University of Georgia; <sup>2</sup>Tbilisi State Medical University, Tbilisi, Georgia and <sup>3</sup>Brain Mind Institute, Swiss Federal Institute of Technology in Lausanne, Lausanne, Switzerland

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2285

**Introduction:** Schizophrenia is a heterogeneous disease that is strongly influenced by genetic predisposition. A large variety of candidate genes have been identified, each of which, however, explains only a small proportion of the genetic risk for schizophrenia. Due to the complexity of psychiatric diseases, endophenotypes are of primary interest in psychiatric research. Endophenotypes are stable markers in-between the genotype and the phenotype and are thought to be associated with a small number of genes involved in the pathophysiology of the disease.

**Objectives:** To characterize a very sensitive candidate endophenotype of schizophrenia spectrum disorders, based on visual backward masking.

**Methods:** We tested first: Schizophrenia patients, their non-affected siblings, healthy controls and second: various populations of the schizophrenia continuum (bipolar and schizoaffective patients), as well as adolescents with psychosis, abstinent alcoholics, and depressive patients with a very sensitive masking technique.

**Results:** Schizophrenia patients and their siblings show strong performance deficits. Masking performance of relatives was significantly in between the one of patients and controls. Moreover, deficits were stable throughout one year. The shine-through paradigm distinguishes with high sensitivity and specificity between schizophrenic patients, first-order relatives, and healthy controls. Patients with first episode of psychosis, as well as adolescents with psychosis, have shown clear performance deficit. Deficits are specific to the psychosis spectrum and not evident in depressive patients and abstinent alcoholics.

**Conclusions:** Our results suggest that the shine-through masking paradigm is a potential endophenotype of the schizophrenia spectrum disorders.

**Disclosure of Interest:** None Declared

## EPV0992

### Persistent delusional disorder: psychopathological remission associated with clozapine-induced epileptic seizures

M. Felizardo\* and C. Freitas

Centro Hospitalar de Trás-os-Montes e Alto Douro, Vila Real, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2286

**Introduction:** Persistent delusional disorder has some features similar to schizophrenia, although the functionality of patients with this diagnosis is usually higher and is diagnosed at an older age. Although the pharmacological treatment of schizophrenia has been studied extensively, there is not much data on the treatment of persistent delusional disorder. Regarding the use of clozapines specifically in persistent delusional disorders, there are some case reports with encouraging results. Electroconvulsive therapy is not generally used as a treatment for persistent delusional disorder.

**Objectives:** To reflect on the relevance of using electroconvulsive therapy in the treatment of persistent delusional disorder.

**Methods:** Through the description of a clinical case in which there was evidence of remission of resistant psychotic symptoms after clozapine-induced epileptic seizures, the authors hypothesize the existence of a direct relationship between the crisis and the resolution of a persistent delusional disorder.

**Results:** A.F., 78 years old, male. No personal history of psychiatric or medical-surgical illness. Admitted for psychotic decompensation framed in persistent delusional disorder. The patient underwent pharmacological treatment with resistance to three lines of antipsychotics. With the introduction of clozapine 100mg/day, the patient had two epileptic seizures, followed by complete remission of psychotic symptoms.

**Conclusions:** The clinical case described refers to a patient diagnosed with resistant persistent delusional disorder, with almost immediate resolution of the condition after epileptic seizures induced by clozapine. Taking into account the clinical response in our patient to two spontaneous epileptic seizures, we hypothesize that electroconvulsive therapy may be effective in the treatment of persistent delusional disorder.

**Disclosure of Interest:** None Declared

## EPV0993

### High risk of psychosis, condition or diagnosis? About a case.

M. L. Maria Del Carmen<sup>1\*</sup> and C. I. Irene<sup>2</sup>

<sup>1</sup>Psiquiatria, Hospital General Universitario Gregorio Marañón and

<sup>2</sup>Psiquiatria, Hospital Universitario de Torrejón, Madrid, Spain

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2287

**Introduction:** A person with “high-risk mental status (HRMS)” indicates that the person, usually young people between the ages of 14 and 25, is more likely to develop psychosis. These people have attenuated psychotic symptoms without reaching the intensity or frequency of a frank psychotic episode. It is suggested that psychological trauma could favor neurochemical and psychopathological changes in a vulnerable individual. It would be interesting to study the role of psychotherapeutic interventions in the course of high-risk mental states and their possible evolution to a psychotic disorder. We present the case of an 18-year-old adolescent whose diagnosis was high risk of psychosis.

**Objectives:** This work has several objectives. On the one hand review current information on high-risk mental status (EMAR). On the other hand, develop a discussion about whether the EMAR category should be a diagnostic entity or just a condition.

**Methods:** A bibliographic search has been carried out in the main sources of medical information such as pubmed, uptodate as well as in national and international journals. Likewise, the knowledge and clinical experience of the team has been reviewed in order to expose its own experience in this field, defining specific interventions as well as results.

**Results:** The case presented is of an 18-year-old female patient. She states that the main reason for consultation is something that happened last Sunday, at which time he had “an identity crisis” in which he did not know if he was a girl or a boy. The reasoning behind this fact is that “as Pablo Alborán likes him, perhaps he is a boy”. Given the bizarreness of the explanation and the patient’s particular contact, I explore a previous psychopathological situation. She says that since last year she feels more insecure, with diffuse fear that it is difficult to specify or nominate something specific: “in class and that is very difficult for me, public presentations”, she says that “everything scares me”, she says that she has a non-specific fear that has been maintained even increasing over the months and that has led him to have greater anguish. Even though the patient dates the beginning of the picture on Sunday, it is noteworthy that the previous Thursday she had requested a consultation with psychology in the private circuit that although she does not know how to specify the reason “because of fears” it seems that the anguish resulting from this fear had been increasing, having greater difficulties for the presentations in class. The contact is psychotic and the situation that the patient describes is typical of a “treme” situation, cataloged in the current literature as a High-Risk Mental State.

**Conclusions:** High-risk mental states are not a diagnostic category according to current classifications, although it is necessary to reach a consensus on what the diagnosis implies and what would be the way to proceed when a patient presents these symptoms.

**Disclosure of Interest:** None Declared

## EPV0994

### Assessment of addictive behavior in patients with schizophrenia

M. Zbidi\*, W. bouali, H. baba, M. kacem, S. younes and L. zarrouk  
Psychiatry department, Taher sfar University hospital of mahdia tunisia, Mahdia, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2288

**Introduction:** Schizophrenia, a chronic and complex psychiatric pathology, can be isolated. However, it may have other comorbidities and thus be accompanied by addictive behaviors complicating their management.

**Objectives:** to estimate the prevalence and identify the characteristics of addictive behavior among patients with schizophrenia.

**Methods:** A retrospective study of 151 patients with schizophrenia and hospitalized in the psychiatry department of the Taher Sfar university hospital in Mahdia from January 2017 to December 2021.

**Results:** The mean age of the patients was  $39.8 \pm 11.23$  years with a predominance of age group 36-45 years (38.4%). All of the patients were males. Three quarters of patients (75.5%) were users of psychoactive substances (PSA): nearly three quarters (72.8%) dependent on tobacco, more than a third (39.7%) dependent on alcohol, more a quarter (29.1%) dependent on cannabis and almost a quarter (26.5%) dependent on other SPA. In more than half of the cases (54.4%), the age at which SPA consumption began was between 16 and 25. SPA use preceded the onset of schizophrenia in 62.3% of case. The relationship with the entourage was marked by hetero-aggressiveness in 77.5% of the patients, a withdrawal from the entourage for 16.6% of the patients and a conflict for 5.3% of the patients. The impact on the relationship with oneself was marked by self-aggressiveness in 18.5% of patients. Regarding professional impact, three quarters of patients (76.1%) had to stop working. The majority of patients (84.1%) continued their usual treatment, while 15.2% of patients stopped it. In only one patient increased doses were necessary.

**Conclusions:** Subjects suffering from schizophrenia are particularly vulnerable to addictions, mainly to tobacco and alcohol. They are therefore a group at greater risk of harmful effects of psychoactive substances and at worsening the clinical course of their psychiatric illness. Screening and treatment measures their addictive behaviors early on, even before schizophrenia sets in, should be offered.

**Disclosure of Interest:** None Declared

## EPV0995

### EVALUATION OF SOCIAL AUTONOMY OF SCHIZOPHRENIC PATIENTS

M. Zbidi\*, W. bouali, W. haouari, M. kacem, R. bensoussia and L. zarrouk

Psychiatry department, Taher sfar University hospital of mahdia tunisia, Mahdia, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2289

**Introduction:** Schizophrenia is a debilitating and mutilating mental illness, generally progressing in a Chronic way. It is at the origin of a limitation of social autonomy and source of psychological distress.

**Objectives:** evaluate the effective social autonomy of schizophrenic patients.

**Methods:** it is a cross-sectional study carried out at the EPS psychiatry consultation in Mahdia during a period of 3 months, with schizophrenic patients meeting the DSM 5 criteria, having an age varying from 19 to 65 years and whose duration of evolution was at least of one year. Have been excluded those in a state of decompensation, presenting a severe organic disease or having a major