

Conclusions: Comprehensive clinical and sociodemographic profiling of individuals with treatment-resistant schizophrenia is essential for enhancing clinical outcomes and tailoring treatment strategies. This approach allows clinicians to better understand the unique challenges these patients face, enabling the development of more targeted and effective interventions to improve their quality of life.

Disclosure of Interest: None Declared

EPV1821

Gender differences in clinical presentation and therapeutic response in schizophrenia

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Introduction: Schizophrenia is a multifaceted psychiatric disorder characterized by disturbances in thinking, emotions, and behavior. It exhibits a diverse spectrum of clinical presentations influenced by various factors, among which gender plays a significant role.

Objectives: To determine the differences in clinical profile and therapeutic response among schizophrenia patients according to gender.

Methods: We conducted a descriptive, cross-sectional, comparative study over a three-month period from January to March 2024, among patients in the post-care service of Psychiatry Department D at Razi Hospital diagnosed with schizophrenia based on DSM-5 criteria. Sociodemographic and clinical data were initially collected from patients' medical records and then verified and supplemented during direct interviews using a pre-established information sheet. The Positive and Negative Syndrome Scale (PANSS) was used to assess symptom severity in participants.

Results: We enrolled 80 participants, of whom 50 were male (62.5%) and 30 were female (37.5%). The mean age of participants was 42.5 years. Men had higher mean scores on the positive symptoms subscale (75.6±12.05) and negative symptoms subscale (64.8±8.69), while women had higher mean scores on the general symptoms subscale (69.3±15.86). Male patients exhibited a higher prevalence of auditory hallucinations (80%) compared to women (55%), with a statistically significant difference ($\chi^2 = 4.32$, $p < 10^{-3}$). Similarly, a higher prevalence of delusional ideas (72%) was observed in men compared to women (45%), also statistically significant ($\chi^2 = 5.87$, $p = 0.02$). Regarding therapeutic response, men showed a statistically more significant improvement in positive symptoms like hallucinations and delusional ideas, with an average reduction of 15 points on the PANSS scale compared to 10 points in women ($p = 0.02$). Conversely, women demonstrated a more favorable response to negative symptoms such as social withdrawal and apathy, with an average reduction of 12 points on the PANSS negative symptoms subscale compared to 8 points in men ($p = 0.04$).

Conclusions: The observed differences in clinical profiles and therapeutic responses between male and female patients underscore the necessity for tailored treatment approaches aimed at optimizing outcomes and enhancing patient care.

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EPV1822

Exploring Suicide Risk Factors in Schizophrenia: A Retrospective Study

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Introduction: Suicide is a significant concern among individuals with schizophrenia, yet it often receives insufficient attention in clinical settings. Understanding the specific risk factors associated with suicide in this population is critical for implementing targeted and effective prevention strategies, enhancing patient care, and ultimately reducing this substantial risk.

Objectives: To identify suicide risk factors within a population of patients with schizophrenia.

Methods: This was a descriptive retrospective study conducted at the Psychiatry Department D of Razi Hospital in Tunisia. Clinical records of patients diagnosed with schizophrenia according to DSM-5 criteria, aged over 18 years, without substance-related disorders or somatic pathology explaining psychiatric symptoms, were reviewed. Patients were followed in the department for ten years (2013-2023) and identified as having at least one suicide attempt during their follow-up. Data collected included sociodemographic information (age, education level, residence, socioeconomic status, marital status, offspring, profession) and clinical details (number and nature of suicide attempts, clinical scores at the time of suicide attempt using PANSS and CDS scales, current antipsychotic treatment, family history of suicide and psychosis, and treatment adherence).

Results: We collected data from 60 patients, with a mean age of 42 ± 12.02 years; 66% ($n=40$) were male. Regarding education and employment, 60% ($n=36$) had primary education, and 55% ($n=33$) were employed. 65% ($n=39$) were unmarried, and 80% ($n=48$) had a low socioeconomic status. The average number of suicide attempts per patient was 3.52 ± 1.02 , with the most common methods being medication ingestion (60%) and strangulation (20%). Approximately 70% ($n=42$) of patients had a family history of mental disorders, and 40% ($n=24$) had a family history of suicide. During suicide attempts, mean scores on PANSS-positive, PANSS-negative, and CDS subscales were 25.4 ± 4.7 , 18.6 ± 3.2 , and 12.8 ± 2.5 , respectively.

We found that male gender ($p=0.03$; OR=3.33; 95% CI [1.12 - 9.89]), low socioeconomic status ($p=0.002$; OR=2.25; 95% CI [1.04 - 4.86]), family history of suicide ($p=0.04$; OR=2.90; 95% CI [1.15 - 7.32]), high PANSS-positive scores ($p=0.0019$; OR=1.98; 95% CI [1.42 - 3.51]), and high CDS scores ($p=0.005$; OR=2.50; 95% CI [1.32 - 4.72]) were suicide risk factors in our study participants.

Conclusions: The identified factors, including male gender, low socioeconomic status, family history of suicide, and elevated clinical symptomatology, highlight specific areas that warrant focused attention when evaluating and managing patients with schizophrenia.

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EPV1823

Main indications of clozapine in clinical practice: A literature review

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Introduction: Clozapine is an atypical and complex antipsychotic that appears to benefit from actions on multiple neurotransmitter systems. While its mechanisms of action are not fully understood, this broad spectrum of activity accounts for clozapine's superior efficacy in treating refractory schizophrenia and other conditions.

Objectives: The aim of this paper is to review the main indications of clozapine and its applications in clinical practice, as well as to highlight key considerations for its safe and effective management.

Methods: A systematic review of the scientific and clinical literature on clozapine was conducted. The review included databases such as PubMed and Cochrane, covering articles from the past 20 years. The scientific evidence obtained was analyzed and synthesized.

Results: Findings indicate that clozapine remains the treatment of choice for patients with treatment-resistant schizophrenia, showing a superior response rate compared to other antipsychotics. Additionally, its effectiveness in reducing suicidal behaviors in patients with schizophrenia and related disorders has been identified. The indications also extend to psychosis in Parkinson's disease, substance use disorders, and a wide range of psychiatric and neurological disorders.

Conclusions: Clozapine is essential in the treatment of refractory schizophrenia and in reducing suicide risk. Its broad mechanism of action, affecting multiple neurotransmitters, allows its use in secondary psychotic disorders and complex comorbidities, such as Parkinson's disease. However, its use is associated with significant risks, necessitating rigorous monitoring of adverse effects.

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EPV1825

Socio-demographic characteristics of a First-Episode Psychosis Programme

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Introduction: While it is known that of those people who experience psychotic experiences, approximately 75% of them do so for the first time between the ages of 15 and 30 and that the majority are male, there has recently been increasing interest in the incidence of psychosis in other population groups.

Objectives: The present study aims to analyse the sociodemographic data collected over a period of ten months in a First-Episode Psychosis Programme in a third level hospital, such as the Hospital Clínico Universitario de Valladolid.

Methods: It is a retrospective observational study. Patients have been recruited during ten months and those who presented an episode of the psychosis spectrum for the first time (according to DSM-V diagnostic criteria) were included. Different socio-demographic data regarding their age, sex, marital status and employment status have been collected at the time of their inclusion in the programme.

Results: A sample of 23 patients was recruited, of which 26% were women (n=6) and 74% were men (n=17).

The mean age was 29.95 years.

Regarding marital status, 70% of the patients in the sample were single (n=16), 17% were married (n=4), and 13% were living with a partner (n=3). There were no divorced or widowed patients.

In terms of employment, 36% (n=8) of the patients were in employment at the time of admission to the programme. 26% (n=6) were studying, 21% (n=5) were unemployed, 13% (n=3) were on sick leave and 4% (n=1) were receiving a pension.

Conclusions: Socio-demographic data, in general, are as expected in a programme of these characteristics. However, it should be noted that the mean age of the patients recruited is above that most frequently described in the literature. However, we believe that it would be necessary to increase the sample size to be able to offer more robust results.

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EPV1826

Delusional parasitosis disorder or the Ekbom syndrome, in relation to a case

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Introduction: Ekbom syndrome, also known as delusional parasitosis, is a psychiatric disorder in which the affected person is firmly convinced that their body is infested with parasites, insects, or any other microorganism, despite the lack of medical evidence to support it.

A 56-year-old woman presents to the emergency department, referred by her primary care physician, due to a sensation of worms in her vagina and rectum. She reports that larvae are coming out of her nostrils, ears... and she feels them settling in her kidney. She is accompanied by her husband, who mentions that on some occasions, she has shown him the supposed parasite.

Objectives: The objectives of this clinical case are to understand whether Ekbom syndrome can be related to any secondary organic pathology, as well as to identify the conditions with which the differential diagnosis should be made, and to determine the most effective treatments.

Methods: Examination: Sensory-perceptual disturbances in the form of cenesthetic hallucinations. High levels of anxiety with functional impact on her daily life.

Complementary tests: A referral was made to Internal Medicine to rule out the presence of parasites, and to Neurology for an MRI with contrast, which revealed a white matter lesion in the brainstem. Tests for anti-AQP4 and anti-MOG antibodies were also conducted, and both were negative. After these studies, it was concluded that the criteria for secondary Ekbom syndrome due to organic pathology were not met.

Results: The differential diagnosis should be made with other psychiatric disorders such as schizophrenia, major depression, or substance-induced psychosis. Neurological diseases, such as