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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.

Disclosure of Interest: None Declared

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.

Disclosure of Interest: None Declared

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

dementia, multiple sclerosis, or meningoencephalitis, should also be ruled out. Lastly, it is advisable to rule out dermatological conditions, such as scabies.

Treatment was initiated with Risperidone and Alprazolam, with good response and improvement in delusional ideation.

Conclusions: Treatment with atypical antipsychotics is effective for this syndrome, reducing delusional ideas and significantly improving the psychiatric symptoms that accompany the delusion, such as anxiety, depression, and insomnia.

Good collaboration between different medical professionals is essential to rule out associated secondary pathology.

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EPV1827

Gender-related differences in cannabis use in schizophrenia patients before and after antipsychotic treatment

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Introduction: Cannabis is the most widely used psychoactive substance among youth, and its use has been increasingly linked to psychiatric disorders, particularly psychosis. THC, the psychoactive component of cannabis, has the potential to trigger or worsen schizophrenia. Cannabis use is associated with an earlier onset of schizophrenia and is more prevalent among males with first-episode psychosis, which may contribute to an earlier onset of schizophrenia observed in men. With increasing cannabis legalization, understanding gender differences in cannabis use in schizophrenia patients is essential for personalized treatment approaches.

Objectives: To examine the gender-specific impact of cannabis use on schizophrenia or other psychotic disorders, focusing on pre-onset use and discontinuation following antipsychotic (AP) treatment.

Methods: A retrospective study was conducted including personal interviews and medical history reviews of inpatients and outpatients. Inclusion criteria were age between 18 and 65 years, diagnosis of schizophrenia or schizoaffective disorder, and use of AP therapy, both for at least 5 years. Statistical analysis was performed using the Jamovi statistical analysis software.

Results: 136 patients being treated at University Medical Centre Maribor's Department of Psychiatry were included in the study. 38.2% of patients were females and 61.1% were males. The mean age of all participants was 49.2 ± 11.8 years. The mean age at the time of diagnosis was statistically significantly higher in females compared to males (30.4 ± 8.9 versus 26.0 ± 7.9 years; Mann Whitney U test: $p < 0.001$). Before the onset of psychosis, 23.1% females and 56.0% males used cannabis, while 76.9% females and 44.0% males did not (Image 1). A chi-squared test showed a significant gender difference in cannabis use ($p < 0.001$), indicating higher prevalence among males. After introduction of the AP treatment 58.3% females and 57.4% males discontinued cannabis use (Image 2). A chi-squared test indicated no significant association between sex and cannabis discontinuation ($p = 0.956$), with similar rates for both genders.

Image 1:

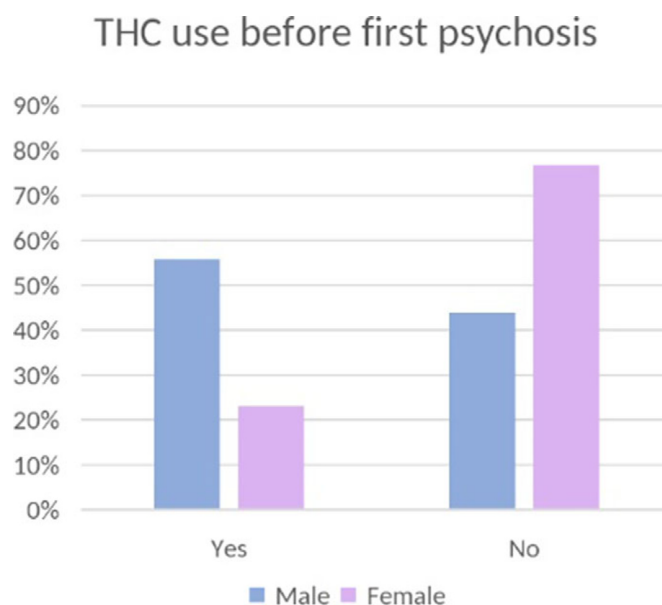
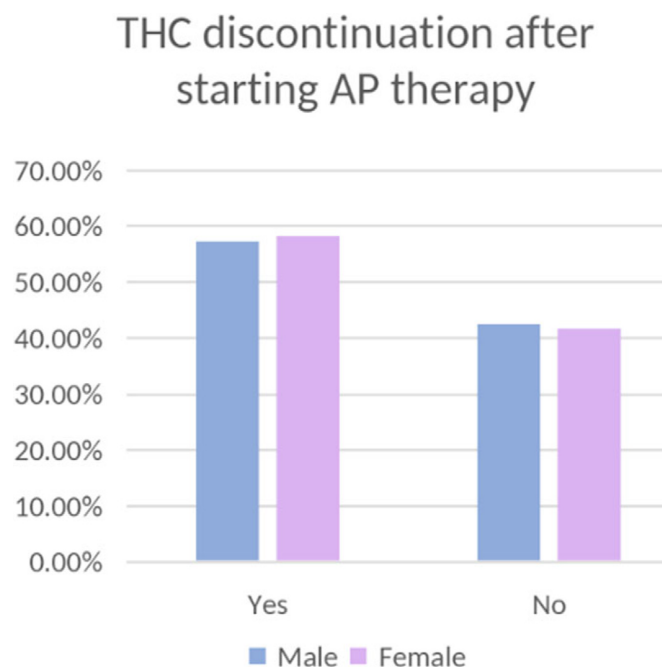


Image 2:



Conclusions: Our study reveals significant gender differences in cannabis use before psychosis onset, with males showing higher prevalence and potentially earlier diagnosis. However, cannabis discontinuation rates after AP treatment were similar across genders, suggesting comparable responses to treatment. As cannabis legalization increases, the need for customized interventions that consider gender-specific factors in managing psychotic disorders is emphasized. Further research is necessary to investigate the long-term effects of cannabis use on treatment outcomes in both males and females.

Disclosure of Interest: None Declared