

neglected his personal hygiene, and verbalizes thoughts of death. He shows poor functioning, slowed thinking and lack of energy.

His mother reports that he has had self-aggressive behaviors, such as hitting his face and eating his faeces. Sensory and perceptual disturbances are not excluded. Given the current depressive affective state and risk of committing suicide, it is decided to admit him to the hospital and to start treatment with fluoxetine.

A few weeks after hospital discharge, he continues with poor functioning and isolation, but his mood is better and his thoughts of death have disappeared.

Conclusions: Although clear differentiation between depressive and psychotic symptomatology has been classically described, both symptoms are often associated. Affective symptoms can be part of different stages of the disease, secondary to medication, due to insight phenomena or part of schizoaffective disorder and psychotic depressions.

Depressive symptomatology can also be confused with the presentation of negative symptoms. They both share clinical manifestations such as anergy, social isolation and lack of interest; but while in depression there is a sad mood, in negative symptoms there is emotional flattening. Also, positive symptomatology can simulate social withdrawal, usually seen in depression.

Depression in an acute phase has historically been related to a better prognosis, although several studies indicate that depression in a chronic phase causes a higher risk of suicide and relapses. Therefore, early diagnosis and treatment are essential.

In our case, the patient suffers from major affective symptoms regarding his life situation, which may be overlapped by isolation due to a likely positive symptomatology, without dismissing possible negative symptomatology as a result of many years of evolution of his disease.

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EPV1799

Ekbom Syndrome: A case report and literature review

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Introduction: Ekbom's syndrome is a clinical term for delusional parasitosis, a condition characterized by the belief that one's skin is infested by invisible parasites. Delusional infestation is a rare psychiatric disorder, is more common in the elderly, particularly in postmenopausal females. Psychiatric interventions are usually rejected by these patients and long-term treatments are frequently abandoned, they usually seek care from dermatologists. It is advocated to form a liaison between dermatology and psychiatry to ensure a full range of differential diagnoses, in order to form the most suitable management plan.

Objectives: The objective of this case is to illustrate the severity of Ekbom's syndrome, providing detailed clinical information and highlighting the challenges in treatment.

Methods: The following patient will be presented, doing a thorough systematic bibliographic review.

Results: A 54-year-old female patient describes a clinical history of three years of visual hallucinations and generalized pruritus since a family weekend at a countryside house. She reported that, for the past three years, she has experienced itching all over her body and has occasionally seen "bugs" on her body that she believes to be fleas. She mentioned having been diagnosed with "scabies" and "seborrheic dermatitis". Despite these diagnoses, her father noted that for the past year, the patient has been extremely anxious, spending hours examining her hair and skin, washing repeatedly, and searching for "bugs." In recent weeks, she refused to eat. Throughout her stay in the unit attended therapy regularly, and participated actively. A psychopharmacological adjustment was made, starting with Abilify at 15 mg/day, which was well-tolerated and effective. A dermatology consult ruled out dermatological pathology. Over the days, a reduction in anxiety and partial improvement in somatic complaints were observed. As the patient's condition improved, she committed to continuing with the treatment and attending mental health team consultations with her referring psychiatrist.

Conclusions: Delusional infestation is a serious and uncommon disorder that endangers the patients and the people around them, and can be complicated with secondary somatic complications, often requiring involvement of different medical specialists. The treatment is long and complicated, the effectiveness of pimozide, aripiprazole or risperidone for the Ekbom syndrome has been documented in the literature. In our case, we decided to introduce aripiprazole. The management of these patients requires a multidisciplinary approach between dermatologists and psychiatrists, as they often refuse treatment. Consultation and collaboration between both specialties are essential to ensure timely referral. Additionally, it is crucial for general physicians to have greater awareness of these conditions, perform early recognition, maintain good rapport with patients, and provide empathetic treatment.

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EPV1800

Brief Episodes, Lasting Impact: A Case Series on Acute and Transient Psychotic Disorder

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Introduction: Psychotic disorders with acute onset and remitting course have been described by 19th and 20th-century European psychiatrists under various terms, such as "amentia," "cycloid psychosis," "bouffée délirante". In modern taxonomy, brief psychotic episodes are classified as "acute and transient psychotic disorder" (ATPD) in ICD-11 and "brief psychotic disorder" in DSM-5. The lack of continuity between earlier nosological concepts and current descriptive categories, along with frequent changes in definitions across DSM and ICD versions, has hindered empirical research, limiting our understanding of these conditions. As a result, ATPDs have been marginalized in textbooks and training programs, leading to a lack of evidence-based treatments, despite their clinical relevance. Our work aims to renew interest in these "forgotten" disorders.

Objectives: To examine the epidemiological and clinical aspects of ATPDs through the description of clinical cases.