Objectives: To explore the challenges in differentiating psychiatric illness from feigning.
Methods: This case involves analysing the patient's history, collateral information, and diagnostic interviews to distinguish psychiatric pathology from feigned symptoms.
Results: A 31-year-old male with a history of paranoid schizophrenia, whose recent psychiatric admission was prompted by psychosis and charges of serious assault, property damage, and possession of a weapon. The admission raised suspicions of symptom feigning and patient wariness of the psychiatric stigma. Despite four years of engagement with mental health services (MHS), the patient disclosed shortly after admission that he had been feigning his symptoms to obtain an insanity plea, but now hopes to return to prison seeking a more favourable environment and the certainty of a confirmed guilty sentence. Collateral information from the community MHS and family members suggested underlying psychiatric concerns and manipulative tendencies of the patient, complicating the diagnosis and raising the possibility of dissimulation.
Conclusions: The case highlights the challenges of distinguishing genuine psychiatric illness from deceptive behaviour, emphasizing the importance of thorough history-taking, understanding symptom pathology, using diverse interview techniques, gathering collateral information, and conducting psychological assessments. Clinicians must carefully distinguish feigning from true pathology to provide accurate diagnoses, ensure proper treatment, reduce costs, and safeguard public safety.

Disclosure of Interest: None Declared

EPV1536

Rare Psychopathology Associated with Progressive Supranuclear Palsy (PSP) with Frontotemporal Dementia (FTD) Phenotype - A Case Report

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Introduction: Progressive supranuclear palsy (PSP) is a neurodegenerative disorder characterised by supranuclear ophthalmoplegia (SNO), parkinsonism, and postural instability. Overlap with frontotemporal dementia (FTD) has been suggested, with PSP-FTD considered a specific phenotype. Common psychiatric symptoms include apathy and depression, while hallucinations and delusions are rare. Hallucinatory palinopsia is the persistence or recurrence of vivid visual images after the stimulus has been removed. It results from aberrant activation of visual memory circuits, and, while uncommon, is typically seen in conditions such as strokes, space-occupying lesions and seizures.
Objectives: To present a case highlighting unique psychopathology in a patient with PSP-FTD phenotype.
Methods: Clinical case description and literature review.
Results: An 80-year-old male with a 6-year history of progressive behavioural changes, memory disturbances, and motor dysfunction presented initially with apathy and social withdrawal. Memory impairment and gait difficulties followed, along with irritability, aggression, and hypersexual behaviours like inappropriate touching or gesturing towards family members or masturbating in public. Asymmetric intention tremors (left > right) and stereotypic hand movements developed over time. In the past year, the patient began experiencing visual hallucinations, particularly hallucinatory palinopsia, where he persistently saw objects like lizards or water bottles that had been removed from view. These occurred in clear consciousness, were not perceived by others, and would typically last for about an hour. By a multidisciplinary approach, the possibility of delirium was ruled out. A diagnosis of PSP with FTD phenotype was made based on clinical evaluation, including SNO, and neuroimaging. The patient was started on Syndopa and Donepezil. Psychiatric evaluation revealed high scores in domains of Apathy, Disinhibition, Agitation, and Hallucinations on the Neuropsychiatric Inventory (NPI). Psychoeducation was provided, and Quetiapine 12.5 mg was initiated, leading to mild improvement in behavioural symptoms. The patient remains under regular follow-up with plans for medication optimization and physiotherapy inclusion.
Conclusions: Behavioural symptoms in PSP are prevalent and challenging to manage. This case highlights the importance of distinguishing between apathy and depression, as misdiagnosis can lead to unnecessary antidepressant use. The patient's presentation, including disinhibition, hypersexuality, and less commonly reported visual hallucinations, emphasises the need for comprehensive evaluation and a multidisciplinary approach to management in PSP-FTD cases.

Disclosure of Interest: None Declared

EPV1537

An unfrecuenty case of Auditory Charles-Bonnet syndrome

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Introduction: In 1760, Charles Bonnet, a Genoese naturalist and philosopher, described the case of his grandfather, who experienced vivid, elaborate, and recurrent visual hallucinations and who also suffered from visual impairment. Bonnet himself later developed visual impairment and experienced similar symptoms. Since then, there have been multiple reports and cases in the European literature regarding this syndrome.
Objectives: Auditory Charles-Bonnet syndrome describes a rare condition presenting with sensorineural hearing loss, which can result in auditory-musical hallucinations in the absence of an acoustic stimulus. It has been reported in patients with diseases such as psychiatric disorders and organic brain diseases. However, the most common are idiopathic musical hallucinations that occur along with deafness in elderly people. Musical hallucinations that accompany hearing loss may reflect impaired brain function.
Methods: We present the case of a 84-year-old woman with a long-standing history of depression, who also presents mild bilateral pantonal sensorineural hearing loss with associated subjective tinnitus, without other associated somatic and/or psychiatric symptoms. In addition, a CT study of the head was performed which revealed severe fronto-temporal cortical atrophy.
Results: The treatment remains the subject of extensive research. Some authors have reported that hearing aids, antiepileptic drugs, benzodiazepines and antipsychotics can alleviate musical

hallucination, which in the case of our patient was eradicated, so the contribution of this case could enrich the current bibliography.
Conclusions: This is unfrecuently presentation of Charles Bonnet symdrom.

Disclosure of Interest: None Declared

EPV1540

Complexities of the Prodromal Phase of First-Episode Psychosis: A Longitudinal and Phenomenological Diagnostic Approach

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Introduction: A 26-year-old man presented with his first-episode psychosis (FEP) following a 15-month period marked by a progressive sense of estrangement from his surroundings, ideas of reference, persistent anxiety, difficulty focusing, and social withdrawal. Two years prior, he began stimulant treatment for suspected attention-deficit/hyperactivity disorder (ADHD), though he discontinued the medication shortly after, as he perceived no improvement. Over the past year, he became increasingly distant from friends and eventually resigned from his job. About three months before hospitalization, he began experiencing first-rank symptoms of schizophrenia. This case will serve as a starting point to discuss the complexities of diagnosing the prodromal phase of FEP.
Objectives: This clinical review aims to examine the phenomenology of the prodromal phase of FEP and address the diagnostic challenges posed by symptom similarities between this phase and neurodevelopmental conditions like ADHD.
Methods: A literature review was conducted using the PubMed database, covering studies from the past 20 years. Studies were selected if they included phenomenological descriptions of the prodromal phase in FEP and/ or examined the impact of neurodevelopmental conditions on the emergence of psychosis.
Results: The review identified several key phenomenological markers characterizing the prodromal phase of FEP, which can aid in distinguishing it from other psychiatric conditions. The prodromal phase of FEP is frequently marked by subtle but progressive alterations in cognition, perception, and affect, including experiences such as derealization-depersonalization, ideas of reference, paranoid ideation, and social withdrawal. Evidence suggests that prodromal symptoms intensify over time, evolving from vague unease to specific disruptions in reality testing. Although ADHD and the prodromal phase of a FEP may share some overlapping characteristics - particularly when symptoms are assessed in a cross-sectional manner - ADHD symptoms are generally regarded as stable traits that persist consistently into adulthood.
Conclusions: This case underscores the need for careful differential diagnosis, especially when evaluating individuals in high-risk age groups for psychosis who present with subtle symptoms that do not clearly fit a single diagnostic category. In such cases, clinicians should avoid premature conclusions and instead adopt a longitudinal and comprehensive approach, considering whether genetic, neurodevelopmental, or social risk factors may be contributing to the presentation. A phenomenological perspective can help clinicians detect subtle yet significant shifts in perception, cognition, and affect, enhancing diagnostic accuracy and enabling timely intervention.

Disclosure of Interest: None Declared

EPV1541

A literature review of first-episode psychosis, a perspective on the future

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Introduction: First-episode psychosis is one of the major challenges of mental health research worldwide because it is a traumatic experience for patients and their families. Patients who experience these episodes may experience fear, distress, and isolation.
Objectives: The early phase of psychosis is a critical period when long-term outcome is predictable and biological, psychological and psychosocial influences are developing and display maximal plasticity. This phase presents important opportunities for secondary prevention and delaying treatment may affect the chance of recovery. The main goal is to reduce the duration of untreated psychosis and ensure that, in addition to symptom remission, there is also psychosocial recovery. Currently, the clinical and research focus in psychotic disorders has shifted toward first episode psychosis, early detection of the prodromal phase of psychosis, and an effective integrated treatment model known as "Early Intervention."
Methods: Selective review of the literature on first episode psychosis.
Results: The studies strongly support the efficacy of antipsychotic medication as both acute and maintenance treatment for patients with a first episode of psychosis.
Conclusions: Early intervention may improve outcomes in first episode psychosis. The use of new antipsychotics with greater efficacy and fewer side effects may improve medication adherence and reduce morbidity associated with repeated relapses. However, the optimal duration of maintenance treatment has not been determined and a long duration of untreated psychosis may be associated with a poorer treatment response. Finally, services for Early Intervention should be easily accessible, non-threatening and non-stigmatising.

Disclosure of Interest: None Declared

EPV1542

Does negative voice content enhance strong priors and conditioned hallucinations?

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