

EPV0618

Achievement of remission after first-episode psychosis in youth

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Introduction: Dynamic assessment of remission achievement after first-episode psychosis (FEP) is necessary for early detection of post-psychotic depression, negative symptoms and changes in personality traits. The latter allows to decrease suicide risk and optimize treatment and social rehabilitation.

Objectives: We aimed to analyze achievement of remission after FEP in youth and to define prognostic criteria for psychosis outcome.

Methods: Fifty-six patients (16-25 y.o., mean age 19,8 ± 2,5 y.o.) after FEP have been receiving follow-up outpatient visits for 3 years. PANSS was applied to assess psychotic symptoms. Depressive symptoms were assessed with HAMD-21.

Results: Remission achievement after FEP is a three-stage process. The stage of reduction and modification of psychotic symptoms is characterized by diminishing personality deterioration and decrease of leading positive symptoms. The second stage, stabilization, is defined through the presence of depressive symptoms with positive (HAMD-21 17,49 ± 7,49) and negative affectivity (HAMD-21 23,68 ± 9,24) with preponderance of emotional, volitional, and cognitive deficits as well as high suicide risk. The third stage, reintegration, is characterized by the combination of negative symptoms with preserved personality resources. There are three reintegration trajectories, with predominant affective or negative symptoms or personality deficits. Mean decrease of PANSS scores was 54,88 ± 6,17 during the overall remission. In the majority of cases (62,5%) the stage of reintegration was finished with the achievement of high-quality remission, coinciding with international remission criteria. The study was supported by RFBR grant 18-013-01214

Conclusions: Our approach to remission assessment allowed us to decrease suicide risk and to provide optimal treatment.

Disclosure: No significant relationships.

Keywords: achievement of remission; youth psychiatry; First episode psychosis

EPV0619

Religious delusions in adolescence and young adults: Features of psychopathology and clinic

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Introduction: Religious delusions is a complex psychopathological phenomenon. The delusional disorders with religious content in young age, the need for an additional detailed study of the conditions of their formation, patterns of the course and outcome of the disease determine the relevance of this study.

Objectives: To identify the psychopathological features, the conditions of formation, the characteristics of the course of psychosis with religious delusions in young age.

Methods: 95 patients (62 male and 33 female) with religious delusions (delusion of sin - 33,7%, delusion of demonic possession (40,0%), messianic and antagonistic delusion - 18,9%, oneiroid with religious content - 7,4 %) in psychotic episode (F20, F25 according to the ICD-10) at a young age (16-25 years) were included in the study and examined with clinical-psychopathological, clinical-follow-up and psychometric (PSP, SANS) methods. The average duration of follow-up was 7.4 ± 2.3 years.

Results: In a post-psychotic period it is possible to preserve or form religiosity, as well as a complete reduction of the religious worldview in patients who had been indifferent to religious issues before the first episode of the disease. Though, the formation of residual psychotic symptoms with religious content were noted with greater frequency. The delusions of demon obsession in a psychosis episode is unfavorable prognostic factor.

Conclusions: General psychopathological features of psychotic states with religious delusions, according to the specificity of young age, were identified. A role of the previous religiosity, including overvalued religious ideas, was clarified.

Disclosure: No significant relationships.

Keywords: delusions; Religiosity; youth; psychosis

EPV0620

Being psychotic is not necessarily being ill: Psychotic continuum and the relevance of lacanian psychoanalytic approach

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Introduction: The notion of subclinical psychosis is as old as Eugen Bleuler's work on schizophrenia. It is also consistent with psychodynamic theories (see PDM-2) on the organization of personality on different levels including, among others, a psychotic level of personality organization. Research on the continuum of psychosis has offered substantial support to the view that psychotic phenotypes are significantly more prevalent than clinical psychosis.

Objectives: This may imply that being "psychotic" is not necessarily being ill. This assumption raises important theoretical and clinical questions: what causes psychosis to manifest itself clinically and, conversely, what possibly prevents it from doing so?

Methods: At the same time, it potentially frees psychiatry from certain diagnostic and therapeutic impasses. It allows for a shift of emphasis from misleading classifications and often frustrating "evidence-based" therapeutic attempts to a more personalized approach.

Results: Diagnosis may thus rely on psychoanalytical “markers” or “indicators” regarding the subject (e.g. deficits in the symbolic register, dysregulated rapport with one’s body, problematic inscription in social relations etc.) at least as much as on symptomatic phenomenology. Therapy may also take advantage of and deploy the unique coping strategies employed by the psychotic individual.

Conclusions: The diagnostic and therapeutic insights offered by Lacanian psychoanalysis create the possibility of a fruitful theoretical, diagnostic and therapeutic approach for clinical and subclinical psychotic conditions; indicate that psychoanalysis is indispensable for clinical psychiatry; and signal the possibility of a time-honored alternative to the in-vogue neurocognitive paradigm of “personalized” psychiatry.

Disclosure: No significant relationships.

Keywords: psychosis; lacanian psychoanalysis; continuum; coping

EPV0621

Factors associated with real-world functioning in first stages of schizophrenia disorder

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Introduction: Schizophrenia is one of the most disabling diseases affecting the patient’s ability to live independently, to be socially active and to work or study^{1,2}. Therefore, identifying predictors of functioning in the first stages of the disease is important to prevent a negative progression of functional outcome in these patients³.

Objectives: To identify the factors associated with real-world functioning in patients with recent onset of the disease.

Methods: Secondary analysis of a cross-sectional, naturalistic study. 84 patients with Schizophrenia (F20), aged 18-71 in their first five years of the disorder under maintenance treatment. Assessments: PANSS, CDS, CGI-S, CAINS; functioning: PSP, cognition: MATRICS. Statistical analysis: student-t test, ANOVA, Pearson correlation and lineal regression.

Results: Mean age (SD): 31.30 (10.08); men: 62.8%. Statistical significant differences ($p < 0.05$) were found in work status, benzodiazepines and antidepressants use. Furthermore, significant correlations ($p < 0.05$) were found with depressive, positive and negative symptoms (avolition, anhedonia, alogia and affective flattening) and cognition. A significant predictive model was obtained that explains the 72.1% of the variance [$F(5,74) = 20.952$; $p < 0.001$]. This model included depressive symptoms ($B = -0.940$; $p = 0.001$), negative symptoms ($B = -1.696$; $p < 0.001$), avolition and anhedonia ($B = -0.643$; $p = 0.001$), affective flattening and alogia ($B = 1.197$; $p = 0.003$), and visual learning ($B = 0.202$ $p = 0.039$).

Conclusions: Negative and depressive symptoms are the main determinants of real-world functioning in patients with recent onset of schizophrenia. Visual learning also contributes to this outcome. On the other hand, the positive relationship between expressive domain and functioning needs furthermore investigation.

Disclosure: No significant relationships.

Keywords: psychosis; Functioning; schizophrenia; recent onset

EPV0624

Psychosis developed on a travel to china – a case report

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Introduction: Psychosis it is a serious medical condition that could happen to anyone while travelling, even without a prior history of mental illness. Some psychotic episodes during travel likely are brief psychotic disorders. This is a poorly understood subject that seems to have an increasing incidence.

Objectives: This work aims to present a clinical case of a patient who developed psychotic symptoms on her visit to China, and to provide a brief update review of this subject.

Methods: We describe a case based on patient’s history and clinical data. We also searched and reviewed cases on “travel” AND “psychosis” and “tourist” AND “psychosis” using PubMed® database.

Results: We report the case of a 41-year-old woman without psychiatric antecedents or substance use who developed psychotic symptoms during a travel to China. Symptoms resolved completely soon after returning to Portugal and admission to the psychiatric emergency service where an antipsychotic treatment was initiated. Psychosis in tourists typically occur in destinations with strong symbolic or mystical connotations and in individuals who travel alone for several days. The most common symptoms are hallucinations, delusions, ideas of reference and agitation. Most patients improved and returned to previous functioning.

Conclusions: To improve the knowledge of travel-related psychosis it is important to identify the cases and the associated biological and clinical factors, later on it may be possible to identify the predictive factors of these psychosis. Further research are necessary to establish a possible association between brief psychotic episode and travel to China, as reports for tourists to Jerusalem and to Florence.

Disclosure: No significant relationships.

Keywords: travel; psychosis; tourist

EPV0625

Mindfulness-based group therapy for inpatients with schizophrenia spectrum disorders – feasibility, acceptability, and preliminary outcomes of a rater-blinded randomized controlled trial

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Introduction: The therapeutic effectiveness of mindfulness-based interventions (MBIs) has been shown for various mental disorders.