

approaches, including improving vision aids, have shown effectiveness in reducing hallucinations (Yacoub & Ferrucci, 2011; Pang, 2016). However, pharmacological treatments, including antipsychotics and SSRIs, have shown inconsistent results (Voit et al., 2021; Rojas & Gurnani, 2023). Differentiating CBS from psychiatric disorders is crucial, as patients typically retain awareness of the unreal nature of their hallucinations (Stojanov, 2016). Emerging research on CBS neurobiology suggests potential for future targeted therapies (Weil & Lees, 2021; Collerton et al., 2023).

Conclusions: Charles Bonnet Syndrome (CBS) is frequently underdiagnosed due to limited awareness and patient underreporting. Non-pharmacological approaches, such as improving vision and social support, help alleviate symptoms, though no standardized pharmacological treatments exist. This case underscores the importance of distinguishing CBS from psychiatric disorders, especially when psychotic features are present. A multidisciplinary approach, involving ophthalmologists, psychiatrists, and neurologists, is essential for effective management, as seen in this case. Early diagnosis and ongoing research are crucial for developing more targeted treatments for CBS.

Disclosure of Interest: None Declared

EPV1165

Neuropsychiatric Disorders and Psychosis Induced by Chronic Toluene Exposure: Case Review and Antipsychotic Treatment Approaches

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doi: 10.1192/j.eurpsy.2025.1753

Introduction: This case of a 79-year-old patient with inferred past exposure to toluene and persistent paranoid delusions illustrates the potential neuropsychiatric consequences of solvent exposure. The patient's work as a car painter (1990-1992) aligns with literature highlighting the neurotoxic effects of organic solvents. Despite no direct evidence of exposure, treatment with Zuclopentixol 200 mg Depot every two weeks led to symptom improvement, reflecting findings on toluene-related neuropsychiatric disorders such as psychosis.

Objectives:

- Present a potential case of toluene-induced psychosis.
- Review the etiopathogenesis and treatment.
- Assess evidence linking chronic solvent exposure with neuropsychiatric disorders.

Methods: A literature search using PubMed databases was conducted with keywords: (toluene OR xylene OR volatile organic compounds OR organic solvents) AND (psychosis OR schizophrenia OR mental disorders). Case series and observational studies were reviewed. No randomized clinical trials on antipsychotic treatment for toluene-induced psychosis were found.

Limitations: The patient's exposure to toluene was inferred based on work history, without direct evidence such as biomarkers or occupational assessments. As most studies are case series, results must be interpreted with caution. There is a lack of randomized

controlled trials exploring antipsychotic treatments in solvent-induced psychosis.

Results: Chronic exposure to toluene is associated with cognitive impairment, memory deficits, personality changes, and psychosis. Neuroimaging often reveals white matter alterations and cerebral atrophy in chronic users. Rare cases of irreversible schizophreniform psychosis have been documented. Treatment with atypical antipsychotics like risperidone shows variable efficacy, but outcomes differ between patients. In this case, Zuclopentixol 200 mg Depot every two weeks led to significant symptom reduction.

Conclusions: Chronic toluene exposure can result in severe neuropsychiatric disorders, including psychosis, as demonstrated by this 79-year-old patient. Neuroimaging showed cerebral atrophy and white matter changes in long-term exposure cases. Treatment with Zuclopentixol effectively reduced symptoms, despite the limited literature, which is mostly based on case series. Randomized clinical trials are needed to develop standardized treatment protocols. Additionally, occupational safety measures are critical to preventing adverse effects from solvent exposure.

Disclosure of Interest: None Declared

EPV1166

Auditory Charles Bonnet Syndrome in a Geriatric Patient with Hearing Loss and Depressive History: A Case Report and Multidisciplinary Approach

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doi: 10.1192/j.eurpsy.2025.1754

Introduction: We present the case of an 88-year-old woman with severe hearing loss and a history of hypertension, non-valvular atrial fibrillation (AF), hypothyroidism, and depressive episodes, admitted following a medication overdose in a context of depressive ideation. The patient reported auditory hallucinations, hearing the voice of her deceased mother; however, she did not exhibit delusional interpretations regarding these experiences, suggesting auditory Charles Bonnet syndrome. This rare phenomenon is primarily described in older patients without psychotic disorder and requires an interdisciplinary approach for appropriate management.

Objectives: To describe the clinical progression of a probable case of auditory Charles Bonnet syndrome and analyze the importance of a multidisciplinary approach, particularly in coordination with neurology, to achieve optimal diagnosis and treatment in a geriatric context.

Methods: The case was addressed through a detailed psychiatric evaluation focused on psychopathological assessment and structured interviews to evaluate affective, cognitive, and behavioral symptoms. Neuropsychological assessment included the Phototest and Clock Drawing Test to rule out advanced cognitive impairment, as well as a cranial CT scan, which showed no significant abnormalities. The neurology consultation evaluated cognitive status, hearing loss, and its impact on the patient's psychological state, while also ruling out other neurological disorders.

Results: The patient showed favorable progress during admission, with mood stabilization and reduced anxiety. She exhibited