

EPV1814

Use of antipsychotics in patients with epilepsy: a case report

P. Perez- Melendez Perez^{1*}, H. Vizcaino Herrezuelo¹
and C. Delgado Marmisa¹

¹Psychiatry Department, Hospital Universitario Puerta de Hierro, Madrid, Spain

*Corresponding author.

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Introduction: The use of antipsychotic medications in individuals with epilepsy has been studied extensively. Starting neuroleptic therapy in patients with epilepsy is complicated due to the potential for these drugs to lower the seizure threshold. Consequently, both psychiatrists and neurologists must collaborate to develop personalized treatment plans for these patients.

Objectives: To evaluate various therapeutic options for patients experiencing both psychotic symptoms and seizures, aiming to select the most appropriate treatment for each individual.

Methods: This case report describes a 47-year-old male patient who is presented with a diagnosis of symptomatic focal epilepsy in the left temporoparietal malacic area post traumatic brain injury. Following a traffic accident at the age of 14, after which he suffered a temporoparietal hematoma, the patient has presented numerous epileptic seizures. Initially, he abandoned treatment and follow-up with neurology, which he resumed in 2021. Additionally, the patient was referred to psychiatry after verbalizing delusional ideation of persecution with affective repercussions (tendency towards irritability) and behavioral repercussions (tendency towards social isolation and difficulties in the work environment) as well as auditory hallucinations with derogatory content. Neurology initiated treatment with eslicarbazepine 800mg, with cessation of epileptic seizures. After considering different treatment options and taking into account interactions with antiepileptic treatment, risperidone 1mg was initiated.

Results: Following the initiation of risperidone, the patient experienced a reduction in irritability and has not presented further epileptic seizures. Due to potential drug interactions, the risperidone dose was gradually titrated upwards, resulting in a decrease in delusional ideation and improved overall functioning.

Conclusions: Patients with epilepsy and comorbid psychotic symptoms require a multidisciplinary approach, including individualized treatment. Neuroleptic medications can significantly improve quality of life in these patients. Therefore, it is essential to carefully select the appropriate antipsychotic, starting at low doses and gradually titrating upwards, with close monitoring to ensure patient safety and drug efficacy.

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EPV1813

Beyond Classification: A Case Report Exploring Paraphrenia in Late-Onset Psychosis

M. O. Pires^{1*}, M. Barroso¹, A. S. Pires¹, S. Mouta¹, I. F. Vaz¹
and J. Nunes¹

¹Unidade Local de Saúde da Guarda, Guarda, Portugal

*Corresponding author.

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Introduction: Paraphrenia is a chronic psychotic disorder characterized by persistent delusions, with preservation of cognitive function and personality, which distinguishes it from schizophrenia, where cognitive decline is more pronounced. Although initially defined by Kraepelin, paraphrenia has been excluded from current diagnostic systems, complicating its distinction from schizophrenia and delusional disorders. Over time, experts like Mayer-Gross, Roth, and Munro have debated whether paraphrenia constitutes a distinct diagnostic entity, raising questions about its relevance in contemporary psychiatry.

Objectives: To present a case that resembles paraphrenia and explore the clinical presentation and diagnostic process, particularly in the context of the disorder's exclusion from diagnostic systems.

Methods: This study is based on a case report, supported by a non-systematic review of relevant literature. Clinical data was collected throughout the patient's treatment, and articles on paraphrenia were reviewed to provide historical and diagnostic context.

Results: A 60-year-old woman, single, household cleaner, was brought by her sibling to the emergency department for presenting persecutory delusions, and auditory hallucinations in the prior four months. She believed her downstairs neighbors had installed cameras in her house, controlling her every move. She presented a depressed mood and difficulty falling asleep. Toxicology screening, blood work, and head-CT showed no changes. Due to treatment refractoriness, Clozapine was started. A formal neuropsychological assessment was carried out, which did not show cognitive deterioration. The patient revealed less preoccupation with delusions and hallucinations and was discharged two months after admission.

Conclusions: In this case, the patient exhibited a chronic psychotic disorder marked by persecutory delusions and auditory hallucinations, without encapsulated delusional thinking. These symptoms had persisted for four months, during which the patient maintained personality stability and interpersonal functionality, displaying appropriate emotional responses and no cognitive decline. The onset occurred in middle age, with no psychiatric family history or evidence of premorbid issues. Significant stressors before symptom onset were identified as a likely trigger. This case highlights the persistence of psychotic symptoms with preserved cognitive and emotional stability, aligning with the diagnostic characteristics of paraphrenia. Despite exclusion from modern classification systems, the clinical presentation supports considering paraphrenia as distinct from other psychotic disorders, particularly in terms of its preserved functionality and absence of cognitive decline. This case underscores the need to continue the study on paraphrenia, and possibly rethinking its role in diagnostic frameworks, particularly in cases of late-onset psychosis.

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EPV1814

The Importance of Social Environment in Schizophrenia

P. S. Pires^{1*}, C. Cunha¹, R. Cabral¹, F. Cunha¹, I. Santos¹
and A. P. Costa¹

¹DPSM, ULS Viseu Dão-Lafões, Viseu, Portugal

*Corresponding author.

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Introduction: Patients with schizophrenia spectrum disorders continue to face societal stigma. This stigma contributes to their loneliness and marginalization, acting as a significant barrier to recovery and clinical stabilization. While medication and clinical follow-up are essential for treatment, social factors are also crucial for individuals to achieve a functional and fulfilling life. It is necessary to explore these factors in this study.

Objectives: To explore the social factors affecting the recovery and clinical stabilization of patients with schizophrenia spectrum disorders.

- To identify the support needs of these patients to enhance their functional and fulfilling lives.
- To assess the impact of societal stigma on the well-being and integration of individuals with schizophrenia.
- To examine the role of mental health professionals and family involvement in reducing stigma and improving social functioning.
- To highlight the importance of vocational interventions and supportive environments in facilitating the integration of patients into society.

Methods: For the purpose of conducting the non-systematic narrative review on the topic, we performed a search for articles in the PubMed database.

Results: Improvements in the effectiveness of antipsychotics and earlier intervention are enabling more patients to reach a cognitive level that supports a functional life, including maintaining interpersonal and occupational relationships. Thematic analysis has identified four key support needs: skill development, vocational intervention, support and encouragement, and a supportive work environment.

The involvement of mental health professionals with the patient's family is also crucial for addressing and reducing the stigma associated with the illness, thereby enhancing understanding of the individual within the context of their condition.

Social anhedonia, which impairs social functioning, is a significant concern. Additionally, the risk of suicide is notably higher during the initial phase of schizophrenia compared to the general population.

Conclusions: After achieving clinical stabilization with antipsychotics and other psychotropic medications, intervention in the social sphere becomes crucial for the patient's well-being and functionality. Having a professional occupation, when feasible, is a positive indicator of patients' integration and their role in society. To support this integration, psychiatry services and civil society must enhance their efforts. This includes developing occupational services, establishing partnerships with local businesses, and improving public awareness about schizophrenia.

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EPV1815

The Role of Adenosine in Schizophrenia: A Literature Review and Perspective

M. Pjevac

University Psychiatric Clinic Ljubljana, Ljubljana, Slovenia
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Introduction: Schizophrenia is a severe, chronic mental disorder, with about one-third of patients failing to achieve remission. Its multifactorial etiology includes a strong genetic component that remains insufficiently understood. Dysregulation of dopaminergic

and glutamatergic neurotransmitter pathways has been implicated in the development of schizophrenia, as revealed through neuro-morphological, molecular, pharmacological, and pharmacogenetic studies. Recent research has expanded this focus to include neuroinflammatory mechanisms and metabolic pathways, emphasizing the fine regulation of these neurotransmitter systems. Among these, adenosine has gained attention for its potential role in the pathophysiology of schizophrenia.

Objectives: This literature review aims to explore the role of adenosine in schizophrenia, its connection to dopaminergic and glutamatergic hypotheses, and broader implications for the development of symptoms and complications.

Methods: A comprehensive review of studies investigating adenosine's neuroregulatory, inflammatory, and neuromodulatory functions.

Results: The adenosine hypothesis suggests that reduced adenosine activity plays a critical role in the development of schizophrenia symptoms. Adenosine regulates dopaminergic and glutamatergic neurotransmission via ADORA A1 and ADORA A2 receptors. Studies have shown changes in adenosine receptors, transporters, and enzymes involved in adenosine metabolism in individuals with schizophrenia. Moreover, adenosine's neuroprotective role, particularly in stress and inflammation, connects it to the dopaminergic/glutamatergic systems and the broader neurodevelopmental "two-hit" hypothesis, suggesting that schizophrenia develops through a combination of genetic vulnerability and environmental factors. A study by Ary Gadelha and colleagues proposed a link between hypo-adenosine states and the increased risk of sudden cardiac death in schizophrenia patients, indicating the broader systemic importance of adenosine dysregulation in these individuals.

Conclusions: Adenosine appears to be a potential modulator in the pathophysiology of schizophrenia, connecting various neurotransmitter pathways and influencing genetic vulnerabilities, neuroinflammation, and cardiovascular risks. Further research into adenosine-related mechanisms could offer valuable insights into early interventions, improving treatment outcomes and potentially reducing complications such as treatment resistance and sudden cardiac death in schizophrenia patients.

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EPV1816

Cycloid Psychosis: Navigating the Nosological Grey Zone – A Case Report

C. Portela^{1*}, R. Dionísio¹, S. M. Sousa¹, D. Areias¹, M. Santos¹ and B. Baptista¹

¹ULS Santo António, Porto, Portugal

*Corresponding author.

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Introduction: Cycloid psychosis, first described by Kleist and further developed by Leonhard, is characterized by a cyclic course of acute psychotic episodes, marked by delusions, hallucinations,