

activities (complex motor sequences, harmonious control of voluntary movement and movement in space, body-awareness), *intra-subjective coordination* (mirroring, demarcation and identification of one's own boundaries, single-group dynamics), and exercises aimed at developing *motor skills* (proprioception, balance, posture, rhythm and speed). At the beginning of the activity (T0) and after 10 meetings (T1) participants will carry out self-administered and externally administered assessments, for the evaluation of motor (BMS, LOFOPT, BBS, AIMS, SRRS), psychopathological (PANSS, FBF, ABP), social functioning (SOFAS) and daily physical activity level (IPAQ) dimensions.

**Results:** The study is still ongoing, due to limitations dictated by the Sars-CoV-2 pandemic. Preliminary results at T0 indicate a positive correlation between low levels of daily physical activity (IPAQ) and poor functioning (SOFAS). Significantly higher motor impairment with respect to the general population is also confirmed in all motor scales used. Moreover, a positive correlation between low levels of motor coordination (BMS\_MC) and balance (BSS\_TOT) was found together with basic symptoms related to loss of control or self-agency (FCQ\_KO). Furthermore, the first results suggest an overall improvement in motor performance at T1.

**Conclusions:** The longitudinal analysis will enable the extent of the impact of EPT on functioning, motor and psychopathological dimensions of the patients to be determined, providing useful elements for planning specific rehabilitation interventions for schizophrenia.

**Disclosure of Interest:** None Declared

## EPV0921

### DIMENSIONAL DIAGNOSIS IN SCHIZOPHRENIA SPECTRUM DISORDERS: A CASE REPORT

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**Introduction:** The use of diagnostic categories, although useful, fails in capturing the psychopathological complexity of the individual case. As for schizophrenia spectrum disorders, positive symptoms are not always included in the presentation, so further dimensions should be considered for a correct diagnosis.

**Objectives:** To describe the importance of dimensional diagnosis in schizophrenia spectrum disorder based on a clinical experience

**Methods:** We report the case of a late-onset schizophrenia spectrum disorder with an affective presentation

**Results:** I. is a 44-year-old woman who accessed the Community Mental Health Center due to subjective memory complaints. After clinical evaluation, depressive symptoms and circadian rhythm disturbances emerged. The patient also reported dissociative experiences, which emerged after her brother's death. She underwent a neurological visit that excluded the possible early manifestation of a neurodegenerative disorder. Quetiapine was at first prescribed, due to the possible action on both insomnia and mood symptoms, with insufficient response. After a few visits, a deeper mental state examination revealed the presence of delusions. The

patient also reported having experienced hallucinations. Psychotic symptoms appeared to be persistent and pervasive. We changed the antipsychotic to full-dose olanzapine, with good response. After a six-month observation, the patient was diagnosed with schizophrenia.

**Conclusions:** The diagnosis of late-onset schizophrenia should take into account clinical history, drugs response, and the evaluation of different psychopathological dimensions

**Disclosure of Interest:** None Declared

## EPV0922

### Association between cognitive deficits and negative symptoms: a systematic review of the literature

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**Introduction:** In patients with schizophrenia, numerous studies have shown a relationship between negative symptoms and cognitive deficits (both neurocognition and social cognition deficits) and a similar impact of these domains on different clinical features such as onset, course and prognostic relevance. However, this relationship is still today subject of scientific debate.

**Objectives:** The aim of the present study is to conduct a systematic review of the literature on data concerning the relationships between neurocognition and social cognition deficits and the two different domains of negative symptoms— avolition-apathy and expressive deficit.

**Methods:** A systematic review of the literature was carried out following PRISMA guidelines and examining articles in English published in the last fifteen years (2007 - March 2022) using three different databases (Pubmed, Scopus and PsychINFO). The included studies involved subjects with one of the following diagnoses: high risk of psychosis, first episode of psychosis, or chronic schizophrenia. Other inclusion criteria of the reviewed studies included: evaluation of at least one neurocognitive or social cognition domain and at least one negative symptom using standardized scales; analysis of the relationship between at least one neurocognitive or social cognition domain and a negative symptom.

**Results:** Databases search produced 8497 results. After title and abstract screening, 395 articles were selected, of which 103 met inclusion criteria. The analysis of retrieved data is still ongoing. Preliminary evidence highlighted: a correlation between social cognition and negative symptoms, in particular with the "expressive deficit" domain; a positive correlation between the severity of negative symptoms and that of neurocognitive deficits (in particular with the "processing speed" domain); an association of verbal working memory deficits with avolition and anhedonia.

**Conclusions:** The study of the relationship between negative symptoms, neurocognitive deficits and social cognition could contribute to the understanding of the aetiology of psychotic disorders and therefore to the identification of therapies for the improvement of overall functioning and quality of life. The studies analysed so far show some interesting associations between cognition and negative symptoms, but the presence of often inconsistent results, partially attributable to the different conceptualizations of the various

domains of negative symptoms adopted, hinders the generalization of the results.

**Disclosure of Interest:** None Declared

## EPV0923

### The role of thyroid function on the occurrence and psychopathological exacerbation of delusional disorders: Two case studies and review of recent works.

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**Introduction:** Primary hypothyroidism has been extensively associated with the presence of depressive symptoms in major depressive and bipolar disorders; however, the association between psychosis and hypothyroidism has received less attention.

**Objectives:** We aimed to present two cases of patients with delusional disorder (DD) and hypothyroidism and review studies focused on this association.

**Methods:** (1) Two case studies of DD patients. (2) Narrative review on the association of hypothyroidism and psychosis by using PubMed database (2000-August 2022). Search terms: [Hypothyroidism AND (psychosis or delusional disorder)].

**Results:** *Two case-studies.* Case A: 58 year-old woman with DD who presented a worsening of psychotic symptoms in association with the occurrence of newly diagnosed hypothyroidism. Risperidone 1mg daily was initiated. A combination of levothyroxine 100 mcg/day and paroxetine 20mg/day was started. Case B: 51 year-old DD women with remission of delusional symptoms, who presented occurrence of depressive symptoms and panic attacks with agoraphobia. Olanzapine 5 mg/day and venlafaxine 225 mg/day were started combined with levothyroxine 75 mcg/day. *Review:* From a total of 159 records, 52 studies described an association between psychosis and hypothyroidism. Most of the studies are focused on the Myxedema madness, treatment of psychosis with comorbid hypothyroidism, and the role of thyroid function on emerging psychoses. Others: intellectual disability, epilepsy, psychosis, asthma, diabetes and heart failure. Genetic associations of Xq13 gene, encoding for nuclear receptors of thyroid receptors, with psychosis.

**Conclusions:** Many questions pertaining to DD and thyroid function remain unanswered. Treatment of hormonal comorbidities may be associated with a clinical improvement of psychotic symptoms.

**Disclosure of Interest:** None Declared

## EPV0924

### First psychotic episode due to immunosupresor medication

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**Introduction:** 48-year-old man from Spain who lived with his wife until he got divorced 4 months before starting the follow up in

Mental Health. The debut was in September 2021 with a hospitalization in the Brief-acute hospitalization unit due to florid psychotic clinic-

He consumed several drugs in his twenties (cocaine, marihuana and heroin IV) and was diagnosed of HIV at the age of 29. He abandoned the use of drugs after the diagnoses and keep good adherence to the antiretroviral treatment (Abacavir + Lamivudine + Efavirenz). At the age of 46 (January 2020), he was successfully transplanted a kidney. Afterwards, he started taking immunosupresor medication to avoid transplant rejection

At the few months of the transplant and the beginning of the immunosupresor medication, the patient became more irascible with moments of remarkable disinhibition and progressive abandonment of the work obligations.

In January of 2021, he got divorced after months of difficulties with his wife, married 28 years before, due to the mentioned problems as well as moments of bizarre and disorganized conducts and suspicion towards his wife with probable delusional jealousy. He, therefore, lost his job, house and marriage and started taking drugs again after 17 years of abstinence.

He was hospitalized in the Brief Acute Inpatient Unit in September 2021 with distrustful and hypervigilant attitude- He was suffering from delusional ideation of harm and persecution with high distress and emotional repercussion. He also presented disorganized conduct and probable auditory hallucinations. He was positive to amphetamines and cocaine After 3 days without consuming; there was no remission of the clinic.

**Objectives:** Discussing the association between the initiation of immunosupresor medication and the beginning of psychotic clinic

**Methods:** First psychotic episode (FEP) has a likely consequence of the initiation and maintenance of Tacrolimus -due to a kidney transplant- with the concomitant abuse of amphetamines and cocaine as a trigger factor.

The psychotic clinic progressively remitted in one week after the administration of 3 mg/day of risperidone.

The antiretroviral treatment was changed due to the poor adherence during the disorganization period. The tacrolimus was not removed because of the good response to the neuroleptic and the risk of transplant rejection

**Results:** The patient started with prodromic symptoms of psychosis at the time he began with the immunosupresor medication. Progressively, the psychotic clinic worsened with the consequence of a biographical break with the consequence of a divorce, the loss of work and home and a drug relapse.

**Conclusions:** There is evidence of the association between psychotic episodes in people with no psychiatric history and the immunosupresor medication for the kidney transplant (Above all, tacrolimus). This case remarks the need of an exhaustive medical anamnesis in the diagnosis of psychiatric pathologies.

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## EPV0925

### Risk assessment of aggressive behavior in schizophrenia and schizoaffective disorder : a cross-sectional study

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