week. She was fed via a nasogastric tube during her lengthy hospitalization and placed on a regimen of Clozapine. The patient exhibited severe negative symptoms and behaviors suggestive of auditory hallucinations. Her mother, also of low educational and socioeconomic status, was present throughout her stay but displayed delusional beliefs that interfered with her daughter's treatment. Following restrictions on the mother's access to the patient, the daughter showed slight improvement and began eating independently.
Conclusions: These cases highlight the significant impact that familial relationships and shared psychosis can have on the progression and management of schizophrenia. The challenge in treating shared delusions lies not only in addressing the symptoms but also in mitigating the interpersonal dynamics that may perpetuate them. Further investigation into family-based psychosis and its treatment is warranted.

Disclosure of Interest: None Declared

EPV1771

Circadian rhythm melatonin in acute and stabilized schizophrenic patients

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Introduction: Melatonin is a neurohormone plays a role in the development and course of schizophrenia.Melatonin also has an important role in regulating circadian rhythms, so melatonin secretions have been suggested as markers for circadian dysfunctions in schizophrenic patients. Some studies have assessed the circadian profiles of melatonin secretion in schizophrenic patients, showing that the nocturnal circadian rhythm of plasma melatonin secretion was disrupted in medicated chronic schizophrenics (Jiang H. K. & Wang J. Y. Diurnal melatonin and cortisol secretion profiles in medicated schizophrenic patients. *Journal of the Formosan Medical Association. Taiwan yi zhi 1998 97*(12), 830–837). Nocturnal plasma melatonin secretion was also reduced in the drug-free schizophrenic patients (Monteleone P. et al. Depressed nocturnal plasma melatonin levels in drug-free paranoid schizophrenics. *Schizophrenia research* 1992;*7*(1), 77–84). These findings could suggest the presence of abnormal melatonin rhythm in schizophrenics, which may be related to the pathophysiologic process itself. However, it is not known whether there are melatonin secretion significant differences in acute phase and clinical stabilization phase of schizophrenic patients.
Objectives: The aim of this study is to assess the melatonin secretion profile in acute phase and clinical stabilization phase of schizophrenic patients to know if exists circadian rhythm and to compare both measures.
Methods: Our sample consists in 48 patients that have been study in two clinic phases: acute phase and after discharge,clinically stabilized. Blood samples were collected in the morning (12:00 hours) and at night (00:00 hours) by venipuncture in reclined position with mask that covers the eyes. Serum levels of Melatonin were measured in acute phase and stabilized phase, after discharge. Melatonin was measured by means of ELISA (Enzyme-linked immunosorbent assay) techniques. The relationship between quantitative variables at two times of the same marker were analyzed by T-Student test.
Results: All comparisons reach a degree of statistical significance, which we can interpret as meaning that there is a circadian rhythm at the two moments measured. Furthermore there significant difference between acute phase of the schizophrenia respect control phase, three months after discharge.
Conclusions: In this study we can hypothesize that Melatonin has circadian rhythm when the patients are in acute psychosis and when are stabilized. MLT levels increase at control, a fact that we can interpret as there is an increase in antioxidants levels in the clinical stabilization phase, this increase being even greater at the three-month control, which may be attributable to the treatment due to its antioxidant properties or to the disease itself. The results of this biomarker could be interpreted as is useful variable for the prognosis.

Disclosure of Interest: None Declared

EPV1772

The ability to interpret courtship signals in patients with schizophrenia

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Introduction: Numerous studies have highlighted the unmet needs in intimate and sexual relationships among patients with schizophrenia. Although research shows that patients with schizophrenia express a desire for romantic and sexual connections, they encounter difficulties in forming and sustaining these relationships. However, the underlying causes of deficits in sexual and romantic functioning remain unknown and unexplored.
Objectives: The study aims to assess whether difficulties in forming intimate relationships could be connected to a decreased ability to interpret courtship signals.
Methods: 49 male participants (36 patients, 13 controls) and 27 female participants (14 patients, 13 controls) were exposed to our experiment „Does she like me?" task. The task involves a video stimuli that depicts a woman/man displaying different nonverbal behaviors (rejection, courtship, and neutral attitude). Each participant evaluated the woman's sexual interest/ man's sexual interest on a nine-point scale. In addition, eye movements and pupil dilation were measured using the eye-tracking device Eyelink 1000plus. Patients and controls were compared on subjective report and psychophysiological eye tracking markers. For data analysis, we used Repeated measures ANOVA.
Results: There was no statistically significant difference between the control group and patients in their assessment of women´s interest ($F(2, 94) = 1.28$, $p = 0.28$, $\eta_p^2 = 0.03$) or men's interest ($F(2,50) = 0.24$, $p = 0.79$, $\eta_p^2 = 0.01$). Also, there was no difference in average pupil size. However, while both groups correctly identified the nonverbal cues and responded accordingly (with the greatest assessments of interest for positive stimuli, lesser for neutral stimuli, and the least for negative stimuli), male patients on average tended to overestimate women's interest in all conditions (positive, neutral, negative) compared to the control group.

Conclusions: According to our results, the ability to interpret courtship signals does not differ significantly between patients and controls. However, male patients tend to overestimate women's sexual interest on average, which may be one of the reasons why they face challenges in intimate relationships. Further research is needed to explore this.
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EPV1775

Antipsychotic treatment for epilepsy-related psychosis: hope from a newcomer

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Introduction: Psychosis has long been known to have an association with epilepsy. Slater's 1963 descriptive case series provided the first modern definition of epilepsy-related psychosis, described as psychotic symptoms developing after the onset of epilepsy and occurring in clear consciousness, not exclusively during or right after a seizure. Up to 7% of individuals with epilepsy have a co-morbid psychotic illness. Consensus guidelines by the International League of Epilepsy recommend treating epilepsy-related psychosis similarly to other categories of psychosis. Despite the widespread consensus that the prescription of an antipsychotic is possible without risk in an epileptic patient treated with AEDs, there have always been special considerations about prescribing antipsychotics for seizure-related psychosis. Furthermore, a review article by Adachi et al. specifically warns that concerns regarding seizure threshold can lead to the undertreatment of this particular type of psychosis.
Objectives: Case report.
Methods: Case report.
Results: Case presentation: Our patient has generalized epilepsy, with several incomes due to generalized tonic-clonic seizure and mild diffuse encephalopathy since childhood. By the age of 15 years, he started developing suspicion, self-reference, persecutory and damage delusions, visual hallucinations and episodes of aggressiveness towards people surrounding him. He had been treated with multiple antiepileptics and antipsychotics drugs, without achieving a long-term stabilisation until now. While the seizures were controlled in his early ages; ever since the onset of the psychosis both the psychotic symptoms and the seizures got impossible to handle, mainly because of his lack of tolerance to almost every antipsychotic used. Our primary hypothesis is that these antipsychotics lowered the seizure threshold, triggering new episodes of tonic-clonic seizures and arousing the patient's desire of abandon the treatment -the latter has been confirmed by the patient-. At this point, we considered the recently released brexpiprazol as a potentially efficient treatment. After a proper explanation of our clinical reasons to prescribe this new drug, especially its unique pharmacodynamics, we adquired the patient's consent to start with it. So far, the response is being excellent, which is particularly impressive given the fact that he is taking the maximum daily dose of brexpiprazol (4mg). Not only the psychotic symptoms are restrained, but also he has not experienced any seizure since the introduction. As a key outcome, the patient has developed a significant insight regarding his condition and the need of treatment.
Conclusions: The treatment of epilepsy-related psychosis is a really delicate subject. Brexpiprazol is a modern drug, with an innovative pharmacodynamics and an excellent side-effect profile, and should be taken into consideration in every patient with seizure-related psychosis.

Disclosure of Interest: None Declared

EPV1777

Case Report: A Rare Case Example Of Charles Bonnet Syndrome

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Introduction: Charles Bonnet syndrome, first described by Charles Bonnet in 1760, is characterized by visual hallucinations in cognitively normal patients who are typically elderly and often visually impaired.
Objectives: This case has been evaluated as a typical Charles Bonnet syndrome characterized by multisensory hallucinations (visual, auditory, olfactory hallucinations) observed in a patient with NF-2 diagnosis. In this respect, this case analysis might make an important contribution to the literature, as it might expand the understanding of CBS in the context of complex neurological disorders. Consideration must be put into the possibility of associating the patients' multisensory hallucinations with organic pathology due to the presence of occipital and temporal meningiomas.
Methods: In this section, data obtained from our own case will be included. Additionally, a literature review was conducted using PubMed, restricting the search to studies published between 2014 and 2024. The search term "Charles Bonnet Syndrome" was used to identify relevant articles. Furthermore, a detailed anamnesis of the disease process was obtained from the patient's mother.
Results: A 31-year-old female first presented to our psychiatry outpatient clinic in July 2024, with her relative reporting a diagnosis of neurofibromatosis type 2. It was documented that the patient underwent surgery in November for diffuse meningiomas (both supra- and infratentorial, involving the temporal and occipital regions). Also, the patient experienced total hearing loss due to vestibular schwannomas in the right region and suffered from visual loss during the pre-operating period. She reported a distressing increase in the acute perception of the smell and taste of food and beverages. Her first psychiatric examination was conducted postoperatively. Olanzapine 2.5mg/day was commenced as a treatment for relative auditory and olfactory hallucinations, and the dose of the drug was gradually increased to 10mg/day. The final examination was conducted on August 26, 2024. According to reports from the patient's relatives, there was a noted decrease in the frequency and intensity of the hallucinations. Throughout the medical examinations, communication with the patient was partially facilitated using tactile cues.