

linear and weak, negative, linear correlation with PANSS(  $r = 0.417$ ,  $p = 0.003$ ) and MoCA( $r = -0.314$ ,  $p = 0.026$ ) respectively. PANSS items were negatively correlated to MoCA in positive, negative and generalised items except delusions, blunted affect and tension(image 2).

Image 1:

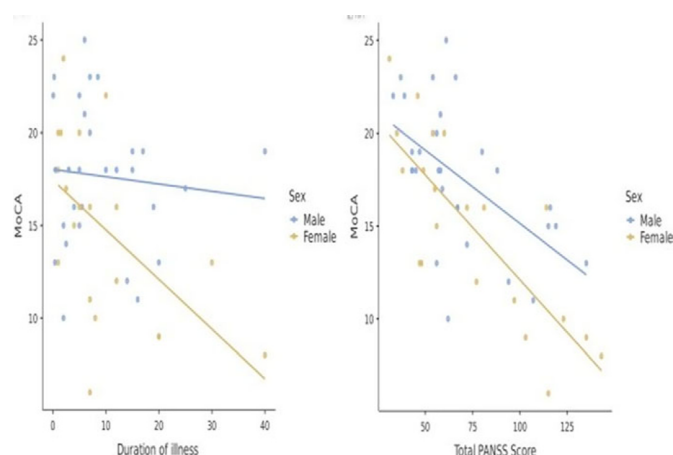
		Total score (PANSS)	Positive score PANSS	NEGATIVE PANSS	GENERAL PANSS	Age	Duration of illness
Age	Pearson's r	0.009	-0.095	-0.011	0.063	—	—
	df	48	48	48	48	—	—
	p-value	0.948	0.512	0.94	0.662	—	—
Duration of illness	Pearson's r	0.417	0.259	0.42	0.434	—	—
	df	48	48	48	48	—	—
	p-value	0.003	0.009	0.002	0.002	—	—
MoCA	Pearson's r	-0.314	-0.506	-0.589	-0.584	-0.108	-0.314
	df	48	48	48	48	48	48
	p-value	<0.001	<0.001	<0.001	<0.001	0.457	0.026
Executive Function	Pearson's r	-0.357	-0.423	-0.054	-0.575	-0.261	-0.443
	df	48	48	48	48	48	48
	p-value	<0.001	0.002	<0.001	<0.001	0.161	0.001
Visuospatial	Pearson's r	-0.37	-0.236	-0.375	-0.382	-0.032	-0.219
	df	48	48	48	48	48	48
	p-value	0.008	0.068	0.007	0.006	0.823	0.126
Orientation	Pearson's r	-0.368	-0.460	-0.478	-0.583	0.02	-0.197
	df	48	48	48	48	48	48
	p-value	<0.001	<0.001	<0.001	<0.001	0.888	0.17
Attention	Pearson's r	-0.475	-0.323	-0.466	-0.488	-0.068	-0.18
	df	48	48	48	48	48	48
	p-value	<0.001	0.022	<0.001	<0.001	0.498	0.21
Language domain	Pearson's r	-0.509	-0.463	-0.497	-0.544	-0.021	0.049
	df	48	48	48	48	48	48
	p-value	<0.001	<0.001	<0.001	<0.001	0.888	0.737
Memory domain	Pearson's r	-0.043	0.024	-0.153	-0.017	-0.125	-0.136
	df	48	48	48	48	48	48
	p-value	0.768	0.871	0.286	0.907	0.396	0.339

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Image 2:

Correlation Matrix	Positive			Negative			
	Pearson's r	df	p-value	Pearson's r	df	p-value	
P1: Delusions	-0.255	48	0.074	N1: Blunted affect	-0.243	48	0.089
P2: Conceptual disorganization	-0.561	48	<.001	N2: Emotional withdrawal	-0.351	48	0.012
P3: Hallucinatory behavior	-0.297	48	0.036	N3: Poor rapport	-0.569	48	<.001
P4: Excitement	-0.307	48	0.03	N4: Passive/apathetic social withdrawal	-0.497	48	<.001
P5: Grandiosity	-0.44	48	0.001	N5: difficulty in abstract thinking	-0.625	48	<.001
P6: Suspiciousness/persecution	-0.354	48	0.012	N6: Lack of spontaneity and flow of conversation	-0.625	48	<.001
P7: Hostility	-0.345	48	0.014	N7: Stereotype thinking	-0.37	48	0.008
General							
G1: Somatic concern	-0.414	48	0.003	G9: Unusual thought content	-0.575	48	<.001
G2: Anxiety	-0.315	48	0.026	G10: Social disorientation	-0.608	48	<.001
G3: Guilt feelings	-0.446	48	0.001	G11: Poor attention	-0.635	48	<.001
G4: Tension	-0.152	48	0.292	G12: Lack of judgment or insight	-0.569	48	<.001
G5: Mannerisms and posturing	-0.316	48	0.025	G13: Disturbance of volition	-0.525	48	<.001
G6: Depression	-0.542	48	<.001	G14: Poor impulse control	-0.483	48	<.001
G7: Motor retardation	-0.473	48	<.001	G15: Preoccupation	-0.368	48	0.008
G8: Uncooperativeness	-0.538	48	<.001	G16: Active social avoidance	-0.516	48	<.001

Image 3:



**Conclusions:** We conclude that cognitive function significantly declines( executive function was the most and memory was not significantly impacted) with respect to increasing disease severity and duration of illness in long term psychosis. Most positive symptoms, excluding delusions, and negative symptoms (apart from blunted affect) and general symptoms (except tension), were significantly linked to cognitive decline.

**Disclosure of Interest:** None Declared

EPV1835

### How Common did the Chronic Schizophrenic Inpatients Suffer from Constipation, and Why? A Cross-sectional Study in A Psychiatric Hospital in Taiwan

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**Introduction:** Patients with schizophrenia are at high risk for constipation and are more likely to experience severe health consequences than the healthy general population. Due to the heterogeneous definition and the health professionals' long-term attitude of taking condition for granted, constipation has been neglected, and the relevant evidence is insufficient.

**Objectives:** This study aims to investigate the prevalence rate of the chronic schizophrenic inpatients, and to address the relevant factors that may be related with their constipation.

**Methods:** The study adopted the cross-sectional study design with the approach of purposeful sampling. Hospitalised patients with chronic schizophrenia in a psychiatric hospital in central Taiwan were enrolled through the advertising posters, and a total of 300 persons were finally included after screening with inclusion/exclusion criteria. Both subjective and objective data were collected by questionnaires which were developed and performed by the research

team, and descriptive and inferential statistical analyses were performed with SPSS, version 25. Statistical significance was set at the 5% level.

**Results:** The definition of constipation was defined as receiving any laxative agent during the study period, and the point prevalence rate of constipation in the chronic schizophrenic inpatients was 74.7%. Three factors were found relevant with constipation with statistical significance. The combined use of first-generation and second-generation antipsychotic medications (OR=3.28 95% CI:1.14-9.46) was regarded as detrimental factors while both increased education years (OR=0.92, 95% CI: 0.87-0.97) and more exercises (more attendance to the twice-a-day self-initiated aerobic exercises) (OR=0.47, 95% CI: 0.23-0.97) were found protective.

**Conclusions:** The point prevalence rate of constipation was much higher than other similar studies locally or internationally, but, however, such result also faithfully revealed the fact that constipation is literally a ubiquitous health problem among the chronic schizophrenic inpatients. The researchers suggested that performing health education on constipation, enhancing the extent of aerobic exercises and promoting health behaviours for positive cycle, and discussing with the prescribing physicians to simplify the use of antipsychotic agents may mitigate the risk of constipation.

**Disclosure of Interest:** None Declared

## EPV1836

### A first case association of Lambert-Eaton Myasthenic Syndrome and First Episode Psychosis: a case report

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**Introduction:** Lambert-Eaton Myasthenic Syndrome is an autoimmune neuromuscular junction disorder characterized by proximal weakness, autonomic dysfunction, and areflexia associated with antibodies against voltage-gated calcium channels. Psychotic symptoms can take place in many auto-immune neurological disorders, but their occurrence in myasthenic syndromes has rarely been observed.

**Objectives:** We report a case of a 21-year-old female with primary autoimmune Lambert-Eaton Myasthenic Syndrome due to anti-voltage-gated calcium channels antibodies subtype P/Q, who developed psychotic symptoms three years after motor symptom onset. **Methods:** The patient attended regular psychiatric follow-ups over three years.

**Results:** With monthly administration, these psychotic symptoms improved after every cycle of intravenous immunoglobulin therapy. The patient displayed partial insight into the mental symptoms. Different causes of reversible psychosis were excluded, such as autoimmune encephalitis and paraneoplastic syndrome, though the patient tested positive for the anti-voltage-gated calcium channels antibodies subtype P/Q. Owing to muscle strength worsening and psychotic episodes, the patient was put on several treatments,

including one admission to a Neurology unit. The patient then experienced psychotic exacerbation, leading to treatment with olanzapine at 20 mg/day. Psychotic symptoms persisted but were less severe, with greater intensity at night. After two years, the patient's condition showed significant improvement, with olanzapine increased to 25 mg/day.

**Conclusions:** This is, to our knowledge, the first described case of psychotic symptoms associated with Lambert-Eaton Myasthenic Syndrome. We speculate that voltage-gated calcium channel antibodies could have a role in developing mental symptoms. However, further hypotheses are discussed. Although the patient had received corticosteroid therapy before symptom onset, the timing and dosage make corticosteroid-induced psychosis unlikely. A primary psychotic disorder, such as schizophrenia, is considered improbable due to the atypical nature of the psychotic symptoms. This case underscores the need for further research on the neurobiological mechanisms linking VGCC antibodies to psychiatric symptoms.

**Disclosure of Interest:** None Declared

## EPV1837

### Cognitive Functions in Schizophrenic Patients: A Case-Control Tunisian Study

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**Introduction:** Cognitive impairments in schizophrenic patients are present from the first psychotic episode and remain relatively stable over time. These cognitive impairments primarily affect memory, attention, executive functions, and social cognition.

**Objectives:** The aim of this study was to assess cognitive functions in schizophrenic patients by comparing them to healthy controls.

**Methods:** Methods: We conducted a cross-sectional, descriptive, and analytical case-control study. It included 15 schizophrenic patients and 15 healthy controls. The study was carried out at the Psychiatry « c » Department outpatient unit at Hedi Chaker University Hospital in Sfax, Tunisia. Both cases and controls underwent interviews to answer predefined questionnaires. We used the Screen For Cognitive Impairment in Psychiatry (SCIP) scale in its literary Arabic version for the assessment of cognitive functions.

**Results:** The average scores for the total SCIP (ST) and its five subscales (Verbal Learning Test-Immediate (VLT-I), working memory (WMT), verbal fluency (VFT), verbal learning-Test-delayed (VLT-D), and processing speed Test (PST)) were 37.40, 12.87, 14.27, 3.93, 2.47, and 3.93, respectively, for the cases, and 47.27, 15, 18.13, 5.40, 4.33, and 4.40, respectively, for the controls. The cases had significantly lower total SCIP scores than the controls ( $p=0.05$ ), specifically in the WMT ( $p=0.02$ ) and VLT-D ( $p=0.01$ ) subscales. There was no significant difference between the two groups in the VLT-I ( $p=0.241$ ), VFT ( $p=0.202$ ), and PST ( $p=0.598$ ) subscales.

**Conclusions:** This study found that cognitive deficits in schizophrenic patients primarily involved impairments in working