

affective and motor disturbances. It lies at the intersection of affective and schizophreniform disorders, presenting a diagnostic challenge due to its episodic nature and inter-episodic remission. Currently, no diagnostic category clearly encompasses such clinical pictures, and these patients are usually diagnosed with brief psychotic disorders.

Objectives: This report aims to describe a case of cycloid psychosis, highlighting the nosological and treatment limitations of this entity.

Methods: Consultation and review of the patient's clinical records and articles referenced on the PubMed platform.

Results: This case report presents a 37-year-old male admitted to the emergency department with delusions of persecution and reference, auditory hallucinations, decreased need for sleep, and increased goal-directed activity, alongside a lack of insight into his condition. No significant mood disturbances were observed. Symptoms had progressively worsened over two weeks, and upon examination, the patient exhibited psychomotor agitation, incoherent speech, perplexity, and marked distress. Initial laboratory work and brain imaging were unremarkable. The patient was hospitalized for involuntary treatment, where antipsychotic therapy with risperidone (up to 4mg/day) was initiated but later switched to olanzapine (10mg/day) due to significant extrapyramidal symptoms. He was also started on valproic acid, titrated up to 1000mg/day. During hospitalization, the patient showed progressive behavioral organization, resolution of delusions and auditory hallucinations, improved sleep, and restored insight.

Upon review of his psychiatric history, it was discovered that he had experienced two previous psychotic episodes in 2018 and 2021, diagnosed as *bouffées délirantes* while residing in France. Both episodes were successfully treated with olanzapine, with *restituto ad integrum* within one month, and no signs of personality changes or biographical disruption. Based on these recurrent psychotic episodes and his current presentation, a diagnosis of cycloid psychosis was made, following the criteria proposed by Perris and Brockington.

The patient was discharged after two weeks of inpatient care, and at his one-week follow-up, showed complete remission of psychotic symptoms.

Conclusions: Cycloid psychosis presents significant diagnostic challenges due to its ambiguous nosological status. It does not fit neatly into conventional categories such as schizophrenia or bipolar disorder, as it shares characteristics with both while maintaining a distinct clinical course marked by episodic, self-limiting psychotic phases with full remission. This diagnostic ambiguity also poses difficulties in treatment, as no specific guidelines exist, and current literature is sparse.

Disclosure of Interest: None Declared

EPV1817

Impact of the age of onset and duration of schizophrenia on the quality of treatment adherence

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Introduction: Schizophrenia is a chronic, frequent, and disabling psychiatric condition. The prognosis is more severe in the absence of treatment.

Objectives: The aims of our study were to evaluate the quality of treatment adherence and the Impact of the age of onset and duration of schizophrenia on the quality of treatment adherence and to assess the implication of these factors as predictors of poor adherence.

Methods: We conducted a cross-sectional and analytical study. We recruited 150 patients with schizophrenia treated at Razi Hospital of Manouba, divided into 113 patients with good adherence compared to 37 patients with poor adherence. We used the Medical Adherence Report Scale (MARS) to assess the quality of therapeutic adherence.

Results: The average age of onset of the illness was 22.91 ± 4.6 years, with extremes ranging from 13 to 36 years.

The average duration of the illness in the patients in our series was 17 years, with extremes ranging from two to 42 years.

The average duration of untreated psychosis was two years, with a median of 12 months and extremes ranging from one month to 20 years.

A statistically significant association was found between the duration of untreated psychosis and the quality of treatment adherence ($p=0.003$).

Neither the age of onset of the illness nor its duration had any influence on the quality of patient adherence.

Conclusions: To prevent poor treatment adherence, a systematic screening for predictive factors and adequate management of schizophrenia would be imperative.

Disclosure of Interest: None Declared

EPV1818

HISTORI Experience – a qualitative study of HISTORI patients' experiences with Semaglutide and placebo

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Introduction: Qualitative studies of the connection between overweight/ obesity, medicine adherence and symptoms of psychosis are lacking. The project Home-based Intervention with Semaglutide Treatment of Neuroleptica-Related Prediabetes, HISTORI, was a blinded, randomized control trial where people with schizophrenia and prediabetes were randomized to either Semaglutide or placebo injections.

Objectives: The research question in HISTORI Experience focused on the patients' mindset while participating in HISTORI, their experiences and thoughts regarding weight and exercise, eating behaviors, psychotic symptoms and their interactions with HISTORI staff.

Methods: 19 qualitative, semi structured interviews were conducted. 11 Semaglutide interviews (6 female, 5 male) and 9 placebo interviews (5 female, 3 male). The interviews were analyzed with a reflexive thematic analysis (Braun & Clarke, 2022).

Patient and Public Involvement: One person with lived experience who could not be included in the HISTORI project, joined HISTORI Experience as a co-researcher. She was involved in creating a phenomenological interview guide. She was then introduced to the