different ways, can present with overlapping symptoms, both negative symptoms like deficits in social–emotional reciprocity and engagement (Trevisan *et al.* Front.Psych; 2020;11:548), and positive symptoms like delusions and hallucinations (Ribolsi *et al.* Front Psychiatry; 2022;13:768586).
Objectives: To discuss the diagnostic challenges between ASD and SZ in patients presenting with both positive and negative symptoms.
Methods: In addition to describing a case report of a man with negative symptoms and presumptive psychotic symptoms, research was undertaken in PubMed and other databases using the keywords "autism spectrum disorder", "schizophrenia" and "multiple sclerosis".
Results: A 26 year-old man was involuntarily admitted to the in-patient unit due to persecutory delusions, irritability, social isolation and cognitive symptoms. He had also been recently diagnosed with Multiple Sclerosis (MS). These symptoms had begun 5 years prior, intensifying over time, leading to the hypothesis of First Episode Psychosis, with a probable recent escalation secondary to the flairing up of MS. Through a detailed clinical history, we discovered that, in fact, the patient exhibited conduct changes since early adolescence: restricted and repetitive behavior, social isolation, reduced tolerance to opposition, cognitive rigidity, circumscribed interests and puerile contact. This lead to the development of great hostility towards his family members, whenever his wants weren't met (most of them mismatched with reality), resulting in isolation from the family and the sending of aggressive messages and emails, even though his parents always tried to provide the patient with everything he wanted, explaining the assumption of persecutory delusions. Intramuscular risperidone and clozapine were initiated for irritability and cognitive symptoms, respectively, with minimal improvement in both, mainting however every other symptom described.
Conclusions: Despite the current distinction between ASD and SZ, they still share many similarities, increasing the difficulty of determining an exact diagnosis. We present a case with negative and cognitive symptoms, that can fit in both conditions, and positive symptoms that fit in SZ. It's possible to understand that the delusions may not be primary, but secondary to social interpretation bias, common in ASD patients, and that part of the cognitive symptoms can be due to MS. The suboptimal response to antipsychotics also makes us lean more to the presence of ASD with temporary psychotic symptoms instead of a primary psychotic disorder.

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EPV1285

Diagnostic delays in schizophrenia with catatonic symptoms mimicking conversive disorder

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Introduction: Notwithstanding the drastic reduction in the prevalence of catatonic symptoms in schizophrenia with the development of anti-psychotic treatment regimens since the 1950's, a subgroup of patients still presents mostly such symptoms, associated with worse long-term prognosis.
Objectives: Discuss the challenges surrounding the diagnosis and clinical management of patients with schizophrenia with catatonic symptoms.
Methods: In addition to describing a case report of a male with catatonic symptoms mimicking conversive disorder, research was undertaken in PubMed and other databases using the keywords "conversive disorder, "catatonia" and "schizophrenia".
Results: A 29-year-old male patient, a former Geology BA student followed by Psychiatry in our hospital for conversive symptoms – namely mutism and sudden episodes of motor paralysis with no changes in the neurological examination or imaging exams - and admitted twice for that reason in the prior 6 months, was brought to the ED by police after an attempted self-injury with a knife. The family reported for the past week sleep-wake inversion, social isolation, compulsive smoking, refusal to eat any homemade food, soliloquies, staring at the walls for no reason and, in the last 3 days, post its with messages such as "I sinned" or "I disappointed God". In the ER, the patient engaged in mutism, with negativism in his posture. Considering the high suicide risk and the presence of psychotic symptoms, including persecutory, poisoning and mystical delusions as well as likely auditive-verbal hallucinatory activity, he was admitted again, this time in involuntary regime. To exclude secondary causes, both blood samples and imaging techniques (first head CT and later MRI) were ordered. The bloodwork revealed increased levels of CK without any other significant findings, and imaging techniques also had negative results. In the psychiatric ward, the patient engaged in selective mutism towards the medical team, likely in a context of persecutory delusions. Due to the prominence of negative symptoms and lack of adhesion to treatment, we choose to treat with intramuscular paliperidone and sertraline, 50 mg. With this treatment, the patient started feeding himself again, resumed a daily routine and ceased his mutism. Yet, he remained highly defensive psychopathologically, with very poor speech content and severe affective blunting. He was discharged with the diagnosis of schizophrenia and has been followed in outpatient visitations, remaining clinically stable.
Conclusions: Catatonic schizophrenia in its first presentation can be confused with conversive disorder, given the fact both may share movement disorders, in psychotic patients who collaborate very little with psychiatrists, requiring a careful combination of anamnesis, mental state examination and gathering of information with family members or others close to the patient.

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EPV1286

On the issue of psychopathological analysis of a work of fiction using the example of Dostoevsky's "The Double"

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Introduction: Vladimir Chizh, who replaced Emil Kraepelin in the Department of Psychiatry at the University of Dorpat in 1891, counted no fewer than 30 characters with psychoneurological