

symptoms subsided. Since discharge, the patient has remained stable, though a medication adjustment was required due to reported side effects.

Conclusions: This case of *Folie à Deux* highlights how a telephone relationship can be sufficient to transmit and maintain shared psychotic delusions. While physical contact exacerbated the symptoms, emotional exchange from a distance can also be a potent medium for perpetuating delusions. This case suggests that proximity, whether physical or emotional, directly influences the severity of shared psychosis.

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Antidepressant-Induced Psychosis: A non-common Case Report

S. Castelao-Almodovar^{1*}, A. Arce de la Riva², R. Albillos Perez², A. Pérez Balaguer¹ and E. Gil Benito¹

¹Centro de Salud Mental El Escorial, El Escorial and ²H. U. Puerta de Hierro, Majadahonda, Spain

*Corresponding author.

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Introduction: The emergence of psychotic symptoms induced by antidepressants is an uncommon phenomenon, though it has been documented in isolated cases. Psychosis induced by serotonin-norepinephrine reuptake inhibitors (SNRIs), such as Venlafaxine, is particularly rare. This case presents a patient who developed psychotic symptoms after starting treatment with Venlafaxine, highlighting his capacity for self-criticism and the egodystonic nature of his delusions.

Objectives: To describe a case of a depressive episode with psychotic symptoms secondary to antidepressant treatment, emphasizing the importance of differential diagnosis, therapeutic management, and the patient's notable awareness of the unreality of his psychotic symptoms.

Methods: A 40-year-old male with a history of depressive disorder and substance abuse experienced high levels of anxiety following the death of his father, with whom he had a conflicted relationship. He started treatment with Venlafaxine, which he had previously taken with good results. Shortly after, he developed euphoria, persecutory thoughts, and delusions, such as the belief that there were cameras watching him, that his food was poisoned, and that he was being followed. No substance use was reported during this period, although he had a history of significant abuse in the past. Due to the worsening of his symptoms, he voluntarily admitted himself for further evaluation at a hospital in Barcelona.

Results: During his hospital stay, Venlafaxine was discontinued due to its association with the psychotic symptoms. Antipsychotics such as Olanzapine, Invega, Aripiprazole, and Depakine were introduced, but these were poorly tolerated. After being transferred to Madrid, Cariprazine was reintroduced, leading to partial improvement, although referential thinking persisted. In private follow-up care, Anafranil was later added, which further improved his mood, although residual psychotic symptoms, particularly referential thinking, remained. A key aspect of this case is the patient's good insight and egodystonic experience of his psychotic symptoms from the onset. He has recently started group therapy in a Multi-family Psychotherapy Group.

Conclusions: This case highlights the importance of differential diagnosis between antidepressant-induced psychosis and primary

psychotic disorders. It also underscores the patient's egodystonic experience of his delusions, with good insight, which facilitated clinical management. The literature on antidepressant-induced psychosis, particularly with drugs like Venlafaxine, is limited, indicating the need for further study of this rare but significant side effect.

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Exploring conversation coordination in patients with schizophrenia

M. Champagne-Lavau^{1*}, C. Petrone¹, A. Poulet², C. Faget³ and C. Lançon³

¹CNRS, LPL, Aix-Marseille University, Aix-en-Provence; ²Department of speech language pathology, Claude Bernard Lyon1 University, Lyon and ³Department of Psychiatry, AP-HM: La Conception University Hospital, Marseille, France

*Corresponding author.

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Introduction: Individuals with schizophrenia (SZ) are known to be impaired in their social and communication abilities. However, these impairments are not well characterized. More specifically, little is known about how SZ individuals take into account their interlocutor during conversation. Verbal backchannels (e.g., okay, yes) have been described as crucial cues that contribute to conversation coordination by allowing the updating of knowledge shared between interlocutors (Gravano & Hirschberg, 2011, Comput. speech lang., 25, 601-634). They could reflect the ability of interlocutors to take into account their partner's perspective during conversation.

Objectives: The aim of the present study was to explore how SZ individuals manage conversation coordination with their interlocutor.

Methods: Thirty-one SZ participants and 30 healthy control (HC) participants matched for age and educational level performed a referential communication task with a partner (i.e., a collaborative game; Champagne-Lavau et al., 2009, Cogn. Neuropsychiatry, 14, 217-239.). During this game, they played either the role of Director (condition 1) or the role of Addressee (condition 2) with an experimenter. In condition 1, we performed prosodic analyses on the cues known to predict the production of a backchannel (i.e., backchannel-inviting cues, Gravano & Hirschberg, 2011) by the Addressee (e.g., duration and intonational contour of the Director's utterance produced before the backchannel). In condition 2, we performed phonetic analyses (e.g., f0min, f0max, pitch span, duration) on the backchannels (i.e., yes) produced by the Addressee. SZ participants' severity of symptoms was measured using the PANSS. Participants were also assessed on their theory of mind abilities with the Hinting task.

Results: Data from 22 SZ and 17 HC participants were analyzed. The main results did not show any difference between SZ and HC participants regarding the production of backchannel-inviting cues (condition 1) and regarding the number of backchannels produced (condition 2). However, phonetic analyses in condition 2 showed that SZ participants produced backchannels with a shorter duration (222 ms ± 85) and a reduced pitch span (0.443 ± 0.301) compared to HC participants (duration: 265 ms ± 91; pitch span: 0.586 ± 0.367). We also found a correlation between pitch span and PANSS (general score) (r = -0.467, p = 0.029) and a correlation marginally