Introduction: Patients with schizophrenia spectrum disorders continue to face societal stigma. This stigma contributes to their loneliness and marginalization, acting as a significant barrier to recovery and clinical stabilization. While medication and clinical follow-up are essential for treatment, social factors are also crucial for individuals to achieve a functional and fulfilling life. It is necessary to explore these factors in this this study.
Objectives: To explore the social factors affecting the recovery and clinical stabilization of patients with schizophrenia spectrum disorders.
- To identify the support needs of these patients to enhance their functional and fulfilling lives.
- To assess the impact of societal stigma on the well-being and integration of individuals with schizophrenia.
- To examine the role of mental health professionals and family involvement in reducing stigma and improving social functioning.
- To highlight the importance of vocational interventions and supportive environments in facilitating the integration of patients into society.

Methods: For the purpose of conducting the non-systematic narrative review on the topic, we performed a search for articles in the PubMed database.
Results: Improvements in the effectiveness of antipsychotics and earlier intervention are enabling more patients to reach a cognitive level that supports a functional life, including maintaining interpersonal and occupational relationships. Thematic analysis has identified four key support needs: skill development, vocational intervention, support and encouragement, and a supportive work environment.
The involvement of mental health professionals with the patient's family is also crucial for addressing and reducing the stigma associated with the illness, thereby enhancing understanding of the individual within the context of their condition.
Social anhedonia, which impairs social functioning, is a significant concern. Additionally, the risk of suicide is notably higher during the initial phase of schizophrenia compared to the general population.
Conclusions: After achieving clinical stabilization with antipsychotics and other psychotropic medications, intervention in the social sphere becomes crucial for the patient's well-being and functionality. Having a professional occupation, when feasible, is a positive indicator of patients' integration and their role in society. To support this integration, psychiatry services and civil society must enhance their efforts. This includes developing occupational services, establishing partnerships with local businesses, and improving public awareness about schizophrenia.

Disclosure of Interest: None Declared

EPV1815

The Role of Adenosine in Schizophrenia: A Literature Review and Perspective

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Introduction: Schizophrenia is a severe, chronic mental disorder, with about one-third of patients failing to achieve remission. Its multifactorial etiology includes a strong genetic component that remains insufficiently understood. Dysregulation of dopaminergic and glutamatergic neurotransmitter pathways has been implicated in the development of schizophrenia, as revealed through neuromorphological, molecular, pharmacological, and pharmacogenetic studies. Recent research has expanded this focus to include neuroinflammatory mechanisms and metabolic pathways, emphasizing the fine regulation of these neurotransmitter systems. Among these, adenosine has gained attention for its potential role in the pathophysiology of schizophrenia.
Objectives: This literature review aims to explore the role of adenosine in schizophrenia, its connection to dopaminergic and glutamatergic hypotheses, and broader implications for the development of symptoms and complications.
Methods: A comprehensive review of studies investigating adenosine's neuroregulatory, inflammatory, and neuromodulatory functions.
Results: The adenosine hypothesis suggests that reduced adenosine activity plays a critical role in the development of schizophrenia symptoms. Adenosine regulates dopaminergic and glutamatergic neurotransmission via ADORA A1 and ADORA A2 receptors. Studies have shown changes in adenosine receptors, transporters, and enzymes involved in adenosine metabolism in individuals with schizophrenia. Moreover, adenosine's neuroprotective role, particularly in stress and inflammation, connects it to the dopaminergic/glutamatergic systems and the broader neurodevelopmental "two-hit" hypothesis, suggesting that schizophrenia develops through a combination of genetic vulnerability and environmental factors. A study by Ary Gadelha and colleagues proposed a link between hypo-adenosine states and the increased risk of sudden cardiac death in schizophrenia patients, indicating the broader systemic importance of adenosine dysregulation in these individuals.
Conclusions: Adenosine appears to be a potential modulator in the pathophysiology of schizophrenia, connecting various neurotransmitter pathways and influencing genetic vulnerabilities, neuroinflammation, and cardiovascular risks. Further research into adenosine-related mechanisms could offer valuable insights into early interventions, improving treatment outcomes and potentially reducing complications such as treatment resistance and sudden cardiac death in schizophrenia patients.
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EPV1816

Cycloid Psychosis: Navigating the Nosological Grey Zone – A Case Report

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Introduction: Cycloid psychosis, first described by Kleist and further developed by Leonhard, is characterized by a cyclic course of acute psychotic episodes, marked by delusions, hallucinations,

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 sparce.

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 og 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