

## EPV1744

### Constipation in patients with schizophrenia admitted to the Arrazi psychiatric hospital in Salé

N. Ait Bensaid<sup>1\*</sup>, F. Laboudi<sup>2,3</sup> and A. Ouanass<sup>4</sup>

<sup>1</sup>arrazi psychiatric hospital; <sup>2</sup>HAS, SALE; <sup>3</sup>HAS, arrazi psychiatric hospital in sale, rgoiRRabaRrat and <sup>4</sup>arrazi psychiatric hospital in sale, sale, Morocco

\*Corresponding author.

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**Introduction:** Constipation is a common side effect of anti-psychotic drugs [1] that has not received much attention. In patients treated with clozapine, constipation may be the most common side effect, affecting one in three patients [2, 3]. Cases of delayed detection of symptoms of constipation or inadequate treatment of constipation have resulted in paralytic ileus, faecal impaction, intestinal obstruction and even death [4,5]. However, other risk factors for constipation are also common in people with schizophrenia, such as low socio-economic status, a sedentary lifestyle, and illnesses and medications associated with constipation.

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**Objectives:** To assess constipation in patients with schizophrenia hospitalised at the Arrazi psychiatric hospital in Salé and to study the factors associated with these symptoms: socio-demographics, lifestyle, psychotropic drugs, other drugs and co-morbidities such as diabetes and obesity.

**Methods:** This was a descriptive cross-sectional study using a questionnaire including sociodemographic and clinical criteria as well as questions on the lifestyle of hospitalised patients with schizophrenia to assess constipation in these patients and study the factors associated with these symptoms.

Exclusion criteria: intellectual disability.

**Results:** A total of 167 patients admitted to the psychiatric hospital for management of schizophrenia were collected. Approximately 69% were male. Adherence to antipsychotics was poor in most patients. 53% were on haloperidol, 25% on olanzapine and 12% on clozapine. Diabetes was present in 21% of patients. Constipation was present in 57% of patients. Most participants had a lifestyle without physical exercise and a balanced diet.

**Conclusions:** Constipation is common in patients with schizophrenia on antipsychotics, with the risk of complications sometimes severe. It is recommended that clinicians assess antipsychotic-induced constipation and manage it effectively.

**Disclosure of Interest:** None Declared

## EPV1743

### Comprehensive Management of Severe Mental Disorders: The Synergy between Multifamily Groups and Psychopharmacology

R. Albillos Pérez<sup>1\*</sup>, S. Castela Almodóvar<sup>2</sup>, R. González Núñez<sup>1</sup>, A. Castela Escobar<sup>1</sup>, P. Sanz Sánchez<sup>1</sup> and C. Alguacil Núñez<sup>1</sup>

<sup>1</sup>Psiquiatría, Hospital Universitario Puerta de Hierro Majadahonda and <sup>2</sup>Psiquiatría, Hospital Universitario El Escorial, Madrid, Spain

\*Corresponding author.

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**Introduction:** The treatment of severe mental disorders benefits significantly from a multidisciplinary approach that integrates,

among others, psychopharmacology and psychotherapy. The intervention with multifamily groups (MFG) shows multiple benefits for this patient profile. Its positive effects include reducing relapse rates, increasing treatment adherence, improving socio-occupational and family functioning, and reducing stress and family burden. When implemented optimally, it can be an effective tool that complements other treatment options, such as psychopharmacology and other psychosocial interventions.

**Objectives:** To describe a clinical case of severe mental disorder, emphasizing the special relevance of a comprehensive approach.

**Methods:** The case of a 46-year-old woman, with no prior mental health history, is described. She began follow-up after experiencing several psychotic episodes induced by substance use (cannabis). It was agreed with the patient to start psychopharmacological treatment and a psychotherapeutic approach by incorporating her into the center's Multifamily Group (MFG). Initially, she received treatment with olanzapine 15 mg maximum daily dose (MDD), but it was discontinued due to the metabolic syndrome that appeared as a side effect. Treatment with lurasidone 74 mg MDD was then started, but it was also eventually discontinued due to intense akathisia. During the three years of follow-up, the patient remained abstinent from cannabis, without psychopharmacological treatment, and received intensive therapy in the MFG. Over time, her delusional ideation of persecution and self-referential clinical symptoms progressively subsided until resolution.

**Results:** During a session of the MFG, in the context of several stressful situations (her son moving out of the family home, personal experience with the stigma of mental illness after a reading in the MFG, and frequent arguments with her husband), the patient reported delusional ideation and self-referentiality again, predominantly affecting her emotional state. In agreement with the patient and considering the side effects previously experienced with other antipsychotics, it was decided to initiate treatment with Brexpiprazole at progressively increasing doses until reaching 4 mg MDD, with good tolerability and clinical efficacy.

**Conclusions:** This case highlights the particular importance of adopting a multimodal approach for the effective management of severe mental disorders, which can optimize clinical outcomes, promote more sustainable recovery, and improve the quality of life for patients.

**Disclosure of Interest:** None Declared

## EPV1744

### An Assessment of The Long-Term Effects of Electroconvulsive Therapy On Cognitive Functioning In Patients With Schizophrenia

B. Alpuğan<sup>1\*</sup> and D. İpekçioğlu<sup>2</sup>

<sup>1</sup>Republic of Türkiye Ministry of Health Bitlis Tatvan Public Hospital, Bitlis and <sup>2</sup>Psychiatry, Istanbul Bakırköy Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital, Istanbul, Türkiye

\*Corresponding author.

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**Introduction:** In schizophrenia, cognitive symptoms emerge in the early period and are among the core symptoms. This study aimed to investigate the long-term effect of electroconvulsive therapy on the cognitive functions of schizophrenia patients.

**Objectives:** In schizophrenia, cognitive symptoms emerge in the early period and are among the core symptoms. This study aimed to

investigate the long-term effect of electroconvulsive therapy on the cognitive functions of schizophrenia patients.

**Methods:** In this study, 25 patients diagnosed with schizophrenia according to DSM-5 criteria and treated with only pharmacotherapy (FT), 25 patients treated with pharmacotherapy plus electroconvulsive therapy (ECT) those who are inpatients in the psychiatry clinics of Istanbul Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital 28 healthy controls were included. Patients were evaluated clinically with tests during the acute exacerbation period and 3 months later.

**Results:** During the acute exacerbation period, schizophrenia patients were identified to present poor cognitive performance compared to healthy controls. After three months of treatment, significant clinical improvement was observed in both patient groups. MoCA total scores increased for both groups after treatment. After treatment, TMT-A and TMT-B performance improved in the pharmacotherapy group and TMT-A performance improved in the pharmacotherapy + ECT group. With treatment, there was a significant positive change in the number of categories completed in the WCST in the pharmacotherapy group. In the Stroop Test, the pharmacotherapy group showed significant positive changes in the duration values of all cards and in the interference effect, while the pharmacotherapy + ECT group showed significant changes in the duration values of Stroop 1, 2, 4 and 5 and in the interference effect. In the pharmacotherapy + ECT group, there was a statistically significant positive correlation between the change in PANNS negative subscale scores and the duration of TMT-B and the number of completed categories, perseverative responses and perseverative errors in WCST.

**Conclusions:** It was observed that treatment modalities are not superior to each other on cognitive functioning in the long term. The improvement in cognitive areas with treatment may be due to a decrease in symptom severity and increased patient compliance with treatment. In this field, prospective, multicenter studies with larger sample sizes, including different drug groups and different ECT modalities are needed.

**Disclosure of Interest:** None Declared

## EPV1745

### Cycloid psychosis: revisiting the concept through a case report

C. Alves e Cunha<sup>1\*</sup>, R. M. Cabral<sup>1</sup>, P. Pires<sup>1</sup>, I. Santos<sup>1</sup>, F. Cunha<sup>1</sup> and N. Cunha<sup>1</sup>

<sup>1</sup>Departamento de Psiquiatria e Saúde Mental, ULS Viseu Dão-Lafões, Viseu, Portugal

\*Corresponding author.

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**Introduction:** The term cycloid psychosis was first introduced by Karl Kleist in 1926 to describe cases that did not meet the typical presentations of schizophrenia or manic-depressive illness. The concept was later developed by Karl Leonard, who proposed three distinct types of cycloid psychoses. Perris and Brockington established the first operational diagnostic criteria for the condition. Cycloid psychosis is characterized by its acute onset, brief duration, polymorphous and shifting symptomatology, a tendency for periodic recurrence, and full inter-episode recovery, with no residual functional impairment following the episodes. Despite its distinct characteristics, cycloid psychosis is not included in the current international psychiatric classification systems.

**Objectives:** We aim to present a case report and conduct a literature review.

**Methods:** A narrative review of the literature was conducted, with data collected from the PubMed database. Only English-language studies published in peer-reviewed journals were included in the selection.

**Results:** Case: A 35-year-old female patient has been presenting, over the last seven years, with episodes characterized by a sudden onset of agitation, acute anxiety (described by the patient as ‘an inexplicable sense of fear’), and frequently accompanied by persecutory delusions and auditory commanding hallucinations. Upon observation, the patient typically presents with confusion and perplexity and exhibits a lack of recollection of some previous events. Following the initiation of antipsychotic treatment, a complete recovery is always observed within a few days, with no residual symptoms remaining. In the most recent episode, the patient drove for a few hours to a different city from the one where she lives and had to ask for help from a fire department, as she felt lost and confused and had no memory of the previous events. According to reports from her family, the patient exhibited disorganized behavior, increased irritability, and a reduction in sleep duration during the week preceding the episode. The patient later acknowledged discontinuation of antipsychotic medication. These episodes occurred without any prior substance use, cognitive decline, or underlying medical conditions. The patient had no previous psychiatric complaints or family history of psychiatric disorders. Although the patient was a smoker, there was no history of substance or alcohol abuse. A comprehensive evaluation, including laboratory tests, imaging studies (head CT and brain MRI) and electroencephalography (EEG), revealed no abnormal findings. Considering the range of symptoms and characteristics observed in this clinical case, the patient meets Perris’s criteria for cycloid psychosis.

**Conclusions:** Our case report highlights that cycloid psychosis exhibits a distinctive symptom pattern and clinical outcome, which can support its validity as a nosological construct distinguishable from other disorders in classification systems.

**Disclosure of Interest:** None Declared

## EPV1748

### Schizophrenia: can I be a normal person despite my diagnosis?

N. Navarro<sup>1</sup>, P. Martínez Gimeno<sup>1</sup>, B. Rodríguez Rodríguez<sup>1</sup>, M. Fernández Lozano<sup>1</sup>, P. Marqués Cabeza<sup>1</sup>, A. Rodríguez Campos<sup>1</sup>, M. Calvo Valcárcel<sup>1</sup>, M. Andreo Vidal<sup>1</sup>, M. P. Pando Fernández<sup>1</sup>, A. Monllor Lazarraga<sup>1</sup>, G. Guerra Valera<sup>1</sup>, M. Rios Vaquero<sup>1</sup>, G. Lorenzo Chapatte<sup>1</sup>, L. Rojas Vázquez<sup>1</sup> and M. B. Arribas Simón<sup>1\*</sup>

<sup>1</sup>Hospital clínico universitario de Valladolid, Valladolid, Spain

\*Corresponding author.

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**Introduction: Schizophrenia** is a mental disorder characterized by hallucinations, typically auditive ones, delusions, disorganized thinking and behavior, and flat or inappropriate affect. Symptoms develop gradually and usually begin during young adulthood and are never resolved completely. There is no objective diagnostic test; diagnosis is based on observed behavior, a holistic psychiatric history that includes the person’s reported experiences, and reports of others familiar with the patient.