

Objectives: To highlight the importance of a correct differential diagnosis in psychotic depression to prescribe an adequate treatment that provides a better outcome for the patient.

Methods: A narrative search of the available literature on the subject through the presentation of a case.

Results: The presumptive diagnosis is Parkinson vs psychotic depression. After some weeks of treatment with venlafaxine and olanzapine, the absence of improvement and fluctuating symptoms orientates towards Parkinson. This is later excluded due to a normal DATSCAN. Therefore, the diagnosis of psychotic depression is made, explaining parkinsonism as secondary to psychotropics. Olanzapine and venlafaxine are retired, introducing clozapine because of its lower incidence of extrapyramidal symptoms. After two weeks, the symptoms disappear, recovering the patient his basal functionality.

Conclusions: Depression with psychotic symptoms can take several weeks to respond to treatment, requiring a proper organic screening. In our case, the slow response to treatment made the organic etiology as one of the main differential diagnoses, specifically Parkinson disease. It ruled out because of the absence of findings in the DATSCAN and the resolution of the extrapyramidal symptoms with the change of treatment.

Disclosure of Interest: None Declared

EPV0930

Effectiveness and quality of life improvement in young adult schizophrenia patients treated with Abilify Maintena

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Introduction: Treating young patients with schizophrenia is a challenge, as these patients have much to gain from controlled pharmacotherapy and even more to lose with a possible relapse. Treating patients with long-acting injectable antipsychotics avoids the issue of non-compliance, the biggest risk factor for relapse, while also improving the quality of life. Receiving a drug once-a-month can provide greater flexibility and convenience to our patients.

Objectives: Aim of the paper is to assess the efficacy and quality of life in monthly dosing of long-acting injectable antipsychotic in young adult schizophrenia patients.

Methods: The research included 7 patients aged 19 to 25 years who were diagnosed in accordance with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Patients were assessed eight times over two years using the following clinical scales: Positive and Negative Syndrome Scale, Clinical Global Impression – Severity and Improvement Scale, Treatment Satisfaction Questionnaire for Medication (TSQM-9) and Quality of Life Scale (QOLS).

Results: All treated patients achieved remission. There was a statistically significant improvement in measured scales in all patients.

There were no side-effects reported during the study period, with no relapse or new hospitalizations

Conclusions: The monthly formulation of aripiprazole has proven to be effective and safe in our study and has great potential to improve patient quality of life as well.

Disclosure of Interest: None Declared

EPV0931

Schizophrenia and myasthenia gravis: a case report

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Introduction: Despite a variety of pharmacological and psychotherapeutic interventions, treatment of schizophrenia can still be challenging, even more when certain comorbidities are present. Myasthenia gravis (MG) is an autoimmune disorder of the neuromuscular junctions caused by antibodies against acetylcholine and tyrosine kinase. While co-occurrence of schizophrenia and MG is rare, treatment can be complicated as specific treatment of one condition can lead to worsening of other (e.g. anticholinergic side effects of psychopharmacotherapy, psychiatric side effects of corticosteroids).

Objectives: To discuss treatment difficulties in the case of a patient with schizophrenia and multiple somatic comorbidities, including MG.

Methods: A case report and a review of literature.

Results: We report a case of a 50-year-old female patient who was admitted to psychiatric hospital due to psychotic decompensation presented with dysphoria, paranoid delusions, agitation, verbal aggression and hostility. Clinical presentation and psychopharmacological treatment were complicated with her comorbid disorders, MG, which was recently treated because of a relapse, and hypothyroidism, which worsened as she neglected her regular check-ups. Multidisciplinary approach was needed to control the symptoms of her comorbid disorders, which, especially MG, limited psychopharmacological options. Combination of antipsychotics (aripiprazole, haloperidol) and mood stabilizer (sodium valproate) led to clinical improvement of psychotic symptoms. However, poor insight remained- the patient insisted on demission and was not interested in suggested psychotherapeutic and sociotherapeutic programs.

Conclusions: In complex cases like this, multidisciplinary approach is essential for adequate treatment of both psychiatric and comorbid somatic disorders. Conditions like MS can prolong treatment or even worsen the symptoms of a psychiatric disorder, especially since they limit the use of psychopharmacotherapy. Due to this, psychotherapeutic interventions could be even more important to keep a stable remission with a good insight and adherence to both psychiatric and somatic treatment.

Disclosure of Interest: None Declared