

EPV0934

Schizophrenia and Mega cisterna magna: a Case report

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doi: 10.1192/j.eurpsy.2023.2230

Introduction: Mega cisterna magna is a developmental malformation of the posterior fossa, the cisterna magna is larger than normal, and the vermis and cerebellar hemispheres are morphologically normal. (Zimmer EZ et al. Obstet 2007; 276:487-490.) Although the relationship between this anomaly and psychiatric disorders is emphasized, its nature has not fully understood.

Objectives: In this abstract, we report a case of schizophrenia with mega cisterna magna. We aimed to draw attention to the relationship between congenital malformations and schizophrenia since studies on congenital malformations were mostly conducted with epilepsy in the literature. (Lishman's Organic Psychiatry: A Textbook of Neuropsychiatry, Fourth Edition, Chapter 6, 2009.)

Methods: The patient is a 28-year-old male, single, secondary school graduate and unemployed. The patient known to has used volatile substance, cannabinoids and synthetic cannabinoids between the ages of 15-22 and has a psychiatric history of approximately 8 years. He had a total of 5 hospitalizations, the last of which was in our clinic 2 years ago. The patient, who was known to have no substance use for 6 years, had negative symptoms for about 4 years. According to the information received from the patient's relatives, he was admitted to our clinic with complaints of decreased mobility, decreased communication, refusal to eat and drink, decreased sleep, self-talk, standing for a long time and looking at a single point; which had started in the last 10 days after non-compliance of treatment for the last 3 weeks.

Results: The physical and the neurologic examinations were unremarkable. In the psychiatric examination, he was conscious, oriented, and cooperative. Self-care and psychomotor activity were decreased. His mood and affect were dysphoric and limited. His speech rate, spontaneity and intonation were decreased. His thought content couldn't be evaluated properly because of the mutism. His attention was decreased. Laboratory studies were unremarkable. Non-contrast brain CT and MRI showed an appearance compatible with mega cisterna magna in the mid-left parasagittal area in the retrocerebellar region. There was a history of staying in NICU for 8 days when he was a newborn. There was no family history of psychiatric illness.

Conclusions: The relationship between psychosis and clinical significance of MCM has not defined completely yet. Although the case we selected is rarely seen, there is one more example in the literature. (Karayilan S et al. Anatolian Psychiatry Journal; Sivas Vol. 14, Iss. 1, (Mar 2013):90-92.) Maybe the reason why there is so limited information in the literature on this topic is that congenital malformations are presented at a much younger age than psychosis with neurological diseases such as epilepsy. In conclusion, perhaps more detailed clinical follow-ups of these cases will enable new reports.

Disclosure of Interest: None Declared

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Paraphrenia - forgotten or undiagnosable psychosis?

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doi: 10.1192/j.eurpsy.2023.2231

Introduction: Paraphrenia is a chronic psychosis that has generally lost its status as an independent nosological entity, not being included in DSM-5. From the perspective of the particular psychopathological picture and the impact of the disease on the patient's functioning in roles, paraphrenia remains a challenge for the clinician in terms of nosological classification and the correct therapeutic approach.

Objectives: We take into account a patient who presents the classic diagnostic criteria of paraphrenia with a clinical and evolutionary picture followed for 15 years, with the aim of bringing the paraphrenic phenomenology back to the fore.

Methods: The case presentation will focus on the richness and absurdity of the delusional ideas that are in great contrast with the good insertion into reality of the subject and the preservation of the core of the personality. We will also describe the main landmarks of positive and differential diagnosis.

Results: We believe that paraphrenia deserves to be differentiated from other psychotic disorders through the particular variant of insight that also explains the significant capacities of dissimulation and as a result of insertion into the roles of life. This attribute also explains the increased potential for danger and unpredictability of the paraphrenic patient.

Conclusions: Our approach is an argument for the psychopathological understanding of paraphrenic psychotic phenomenology independent of different nosographic classification systems. We are trying to contribute to increasing the quality of differential diagnosis in psychoses.

Keywords: psychosis, paraphrenia, differential diagnosis

Disclosure of Interest: None Declared

EPV0934

Relation between Negative Symptoms and Core Stability as an Indicator of Functional Exercise Capacity in Schizophrenia

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doi: 10.1192/j.eurpsy.2023.2232

Introduction: The core refers to the lumbo-pelvic complex located at the center of gravity of the body. Core stability has a crucial role in sudden balance change and body movements (Zemkova et al. Front.

Physiol 2022; 13).The more stabilized core muscles indicate better movements and body balance.Therefore, core stability is related with exercise performance, falling risk and falling fear.However, patients with schizophrenia have lower motivation and capability to exercise compared to normal population that may result decrease in core stability.

Objectives: The aim of this study is to determine the relation between core stability,functional exercise capacity and negative symptoms including especially anhedonia, motivation, psychosocial functioning in schizophrenia patients.As our knowledge,this is the first study to detect the core stability in schizophrenia.

Methods: Participants of the study were recruited from the Community Mental Health Service of Çigli Education and Research Hospital. Twenty-six individuals diagnosed as schizophrenia according to DSM-V criteria were included into the study.Symptom severity was evaluated with Positive and Negative Syndrome Scale(PANSS), psychosocial functioning was assessed with Personal and Social Performance Scale(PSP),depression was assessed using Calgary Depression Scale for Schizophrenia(CDSS),-avoidance motivation assessed with Behavioral Inhibition System and Behavioral Activation System (BIS/BAS),social and physical pleasure were measured via Revised Social Anhedonia Scale (RSAS) and Revised Physical Anhedonia Scale Functional (RPAS) exercise capacity was assessed by 6-minute walking test(6MWT) and core stability was assessed using McGill Core Endurance Tests(MCET). Patients who exercise regularly, having metabolic diseases or comorbid psychiatric disorder were excluded from the study.The data was analyzed by IBM SPSS 24 with Pearson correlation test.

Results: MCET scores were found to be moderately correlated to PSP scores ($r=.45, p=.025$) and BIS sensitivity was moderately correlated to psychosocial functioning ($r=-.42, p=.035$).Six-MWT scores were negatively correlated with BIS ($r=-.51, p=.019$),CSDC ($r=-.47, p=.035$) and PANSS negative subscale ($r=-.42, p=.042$).

Conclusions: In this study core stability was found to be related to psychosocial functioning.Also,patients having negative symptoms and depression showed lower functional exercise capacity.Lower scores in social functioning and higher behavioral inhibition sensitivity may be related to psychosocial dysfunctioning and negative symptoms of schizophrenia.However, appropriate core stability training and physical exercise may help individuals with schizophrenia to improve these skills.This may lead patients to exercise,have better social performance,self-care and lower avoidance behavior.

Disclosure of Interest: E. I. Hoşgelen: None Declared, N. Bozbiyık: None Declared, Ö. Akgül: None Declared, F. Şimşek: None Declared, N. Gelecek: None Declared, K. Alptekin Grant / Research support from: TUBITAK, Consultant of: Abdi İbrahim, Abdi İbrahim Otsuka, Janssen, Ali Raif

EPV0935

Evaluation of Vitamin D in the serum of in-hospital patients with psychosis. Retrospective study.

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doi: 10.1192/j.eurpsy.2023.2233

Introduction: The reduction of vitamin D (VitD) has often been associated with pathological cognitive processes and in general with various mental illnesses^{2,3}. More frequent reports of reduced concentrations of VitD concern patients with schizophrenia, however it has not been clarified whether this concerns the pathology itself of the disorder or if nutritional factors are involved¹.

Objectives: The measurement of VitD in the serum of hospitalized patients with mental illness (schizophrenia) compared to the levels of people without mental illness.

Methods: The serum levels of VitD were measured in the serum of 45 psychiatric patients of psychiatric hospital "Dromokaiteion" (22 men and 23 women) mean age 59 ± 14 years. The control group consisted of 49 healthy subjects (24 men and 25 women) with a mean age of 57 ± 14 years (Table 1). Serum VitD levels were measured on the Architect ci4100 immunobiochemical analyzer, Abbott Laboratories Ltd, by the chemiluminescent microparticle immune assay (CMIA) method and according to the manufacturer's instructions. The statistical analysis of the data was done with the software program SPSS V.25.

Results: Mean values of Vit D (ng/ml) were 15.8 ± 10.7 and 15.3 ± 12.5 in male and female patients, respectively. For the control group the mean values were 22.4 ± 7.9 in men and 26.4 ± 13.9 in women. Vit D values in the psychiatric patients of both groups compared to the control group were statistically significantly different (men $p=0.021$ and women $p=0.006$). (Table2, 3).

Image:

Table 1.

Disease Onset		VitD		Age
Patient	N	Valid	45	45
		Missing	0	0
	Mean		15,53	60,47
	Std. Deviation		11,512	14,491
No disease	N	Valid	49	49
		Missing	0	0
	Mean		24,43	58,88
	Std. Deviation		11,424	14,364

Image 2:

Table 2. Independent Samples Test (Men)

	Mean Difference	Std. Error Difference	t	df	Sig. (2-tailed)
Equal variances assumed	-6,610	2,760	-2,395	44,000	,021
Equal variances not assumed	-6,610	2,796	-2,364	38,488	,023

Image 3:

Table 3. Independent Samples Test (Women)

	Mean Difference	Std. Error Difference	t	df	Sig. (2-tailed)
Equal variances assumed	-11,100	3,822	-2,904	46,000	,006
Equal variances not assumed	-11,100	3,804	-2,918	45,978	,005