

for the subgroup without «death» and with the topic of death), «Attachment» ( $53,25 \pm 10,06$  and  $60,25 \pm 7,03$ ), high «Emotionality» ( $48,85 \pm 11,87$  and  $56,91 \pm 10,88$ ). A similar pattern is observed when comparing the subgroups «control without the theme of death» and «control with the theme of death». In the clinical group, it was shown that the topic of death is associated with a higher suicidal risk (the question about the severity of the intention to commit suicide, the average values are  $0,30 \pm 0,57$  and  $1,16 \pm 1,60$  for the «clinical subgroup without the topic of death» and «clinical subgroup with the topic of death», respectively).

**Conclusions:** The topic of death in control group indicates a conflict between introversion and social orientation, as well as an inability to control their emotions and impulsive drives and low self-esteem. In the clinical group, almost all of whose subjects differ from the healthy group by increased introversion and emotionality, mentioning the topic of death may be a marker of increased suicidal risk.

**Disclosure of Interest:** None Declared

## EPV1762

### Association between Schizophrenia and Violence: The Cage of Psychosis

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doi: 10.1192/j.eurpsy.2025.2207

**Introduction:** In Spain, approximately 4% of the prison population suffers from severe mental disorders, with schizophrenia being more prevalent in this group compared to the general population. Although violent behavior is infrequent among individuals with schizophrenia, it holds significant clinical importance. Reoffending rates are low, and crimes are typically less severe. Comorbid substance abuse is also common.

**Objectives:** This study examines the case of a man with schizophrenia who committed homicide under the influence of drugs, highlighting the complex relationship between schizophrenia and violence.

**Methods:** We present the case of a 30-year-old man with no prior medical or legal history, sentenced to five years and nine months in prison for homicide (of his sister), resisting arrest, and minor injuries. The homicide occurred after the consumption of MDMA. The initial forensic report revealed no severe psychopathy and a preserved sense of reality, while the defense argued moderate impairment of cognitive and volitional faculties due to intoxication and extreme fatigue.

**Results:** After spending a few months in prison, he attempted suicide by hanging, which did not require admission and was considered reactive to a stressful life situation. During his incarceration, the patient exhibited progressive thought disorganization, eccentric behaviors, hallucinations, and delusional ideation unrelated to substance use. He also engaged in severe self-harm, requiring bilateral orchiectomy. Following this, he was diagnosed with schizophrenia and treated in a psychiatric unit. Since 2022, he has been included in the Integrated Care Program for Severe Mental Illnesses in Prison (PAIEM) and treated with extended-release paliperidone. After release, he was incorporated into the Continuity

of Care Program, maintaining regular consultations with psychiatry, nursing, and social work. He has integrated well into the psychosocial rehabilitation center, showing no behavioral disturbances. He reports almost complete amnesia of the offenses for which he was convicted and exhibits some indifference towards them. He continues to receive treatment and is diagnosed with schizophrenia, predominantly with negative symptoms.

**Conclusions:** This case underscores the need to adequately assess negative symptoms of schizophrenia and their impact on violent behavior. The successful transition of the patient from prison to a specialized center highlights the importance of continuous treatment and monitoring in cases of severe mental disorders. Effective management of treatment and post-prison follow-up is crucial for minimizing risks and promoting successful community integration.

**Disclosure of Interest:** None Declared

## EPV1763

### Shared psychosis at a distance: a case of telephone-induced Folie à Deux

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doi: 10.1192/j.eurpsy.2025.2208

**Introduction:** Shared psychotic disorder (*Folie à Deux*) is a phenomenon in which one person adopts the delusions of another with whom they have a close relationship. This case is particularly interesting because the delusions primarily developed through telephone conversations between two sisters and were notably exacerbated when they reunited in person. The telephone-based relationship between the sisters raises questions about the psychological influence from a distance in the development of shared psychosis.

**Objectives:** To describe a clinical case of *Folie à Deux* in which delusion transmission occurred predominantly through telephone communication, highlighting the role of physical contact in the exacerbation of psychotic symptoms.

**Methods:** We present the case of a 59-year-old woman hospitalized for shared psychosis. Her sister, with whom she maintained a close relationship through frequent phone calls, had previously developed persecutory delusions related to a complicated divorce. Over the course of five years, the patient began to share the same delusions of persecution and surveillance that her sister transmitted over the phone. However, following a visit from her sister to Madrid in July 2024, the patient's psychotic symptoms intensified, leading to psychiatric hospitalization in the brief hospitalization unit (UHB), where antipsychotic and antidepressant treatment was initiated.

**Results:** The patient was admitted with persecutory delusions centered on alleged surveillance related to her sister's divorce, delusions that her sister initially developed and which they shared after years of phone conversations. During hospitalization, antipsychotic treatment was effective, leading to remission of the active psychotic symptoms. The patient demonstrated insight into her delusions, linking them to her sister's influence. As contact with her sister decreased and treatment was introduced, the psychotic