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Charles Bonnet syndrome: predisposing factors and more effective pharmacology therapy

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Introduction: Charles Bonnet syndrome (CBS) is a condition in which patients with a free psychiatric history manifest visual hallucinations on the basis of a diagnosed ophthalmic disease (brain disease or optic nerve damage), which causes severe vision loss (partial or total).

Objectives: Hypothesis testing: “Administration of low doses of typical and atypical antipsychotics is the more effective pharmacological treatment for visual hallucinations of CBS”.

Methods: Patients underwent pathological, psychiatric and ophthalmological assessment, resulting in a complete study-appropriate medical history.

Results: The sample consisted of ten female patients and eight male patients. The median age of the sample was 84 years. None of the patients was diagnosed with major psychopathology and in no clinical case was an individual medical history of dependence on alcohol or other psychotropic substances recorded. A common cause of the dysfunctional vision of the entire sample of patients was the visual deficit due to a diagnosed cataract condition. During the examination of each patient, it was found that a significant number of predisposing factors for CBS, as described in the literature, were detected. Increased stress levels, depressed mood, cognitive deficits, damage at the level of brain tissue, living conditions of the patient in environments with insufficient light intensity, social withdrawal or poor interaction with others contributed to the vulnerability of visual hallucinations. The administration of broad-spectrum medicines of Internal Medicine was also recorded as a covariate for the triggering of visual hallucinations. As demonstrated by the majority of patients, the administration of a low dose of a typical antipsychotic led to effective treatment of the syndrome.

Conclusions: Based on the present study, in patients of both sexes (men and women), aged 73-98 years, haloperidol and risperidone in low doses of 1-2 mg and olanzapine in low doses of 2.5-5 mg appear to be more effective options in treating with optical hallucinations in CBS.

Disclosure of Interest: None Declared

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“Improvements in Reflective Functioning in Patients with Treatment-Resistant Depression and Personality Disorder Treated with Esketamine”

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Introduction: Reflective functioning, the cognitive ability to interpret both one's own and others' behaviors in terms of underlying mental states such as emotions, desires, intentions, and beliefs, is essential for effective social interaction, emotional regulation, and self-awareness and is compromised more in Personality disorders. In the context of depression, reflective functioning can be particularly compromised, leading to difficulties in processing emotional experiences and managing social interactions. (Williams, 2010; Luyten, 2013)

Objectives: This study aims to understand the impact of esketamine on RF.

Methods: Tool test: Montgomery-Åsberg Depression Rating Scale (MADRS) and the Reflective Functioning Questionnaire (RFQ-8), to monitor changes in depressive symptoms and mentalization ability across six stages of treatment with Spravato: before treatment (T0), after 1 week (T1), 1 month (T2), 2 months (T3), 3 months (T4), and 6 months (T5) of Spravato treatment.

Results: The analysis revealed significant positive correlations between mentalization scores and the severity of depressive symptoms (MADRS):

- **T1 Mentalization and T1 MADRS:** The Pearson correlation coefficient of 0.349 indicates a moderate positive relationship, suggesting that poorer mentalization at Time 1 (T1) is associated with more severe depressive symptoms at the same time point.
- **T0 Mentalization and T3 MADRS:** The Pearson correlation coefficient of 0.392 shows a moderate positive association between mentalization at Time 0 (T0) and depressive symptoms at Time 3 (T3), indicating that poorer mentalization at T0 is related to more severe depressive symptoms later.
- **T2 Mentalization and T3 MADRS:** A Pearson correlation coefficient of 0.384 indicates a moderate positive relationship between mentalization at Time 2 (T2) and depressive symptoms at Time 3 (T3), suggesting that lower mentalization at T2 correlates with higher depressive symptoms at T3.

Image 1:

