

¹Psychiatry, Hospital Universitario de Gran Canaria Doctor Negrin, Las Palmas de Gran Canaria, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2257

Introduction: Clozapine is an atypical and complex antipsychotic that appears to benefit from actions on multiple neurotransmitter systems. While its mechanisms of action are not fully understood, this broad spectrum of activity accounts for clozapine's superior efficacy in treating refractory schizophrenia and other conditions.

Objectives: The aim of this paper is to review the main indications of clozapine and its applications in clinical practice, as well as to highlight key considerations for its safe and effective management.

Methods: A systematic review of the scientific and clinical literature on clozapine was conducted. The review included databases such as PubMed and Cochrane, covering articles from the past 20 years. The scientific evidence obtained was analyzed and synthesized.

Results: Findings indicate that clozapine remains the treatment of choice for patients with treatment-resistant schizophrenia, showing a superior response rate compared to other antipsychotics. Additionally, its effectiveness in reducing suicidal behaviors in patients with schizophrenia and related disorders has been identified. The indications also extend to psychosis in Parkinson's disease, substance use disorders, and a wide range of psychiatric and neurological disorders.

Conclusions: Clozapine is essential in the treatment of refractory schizophrenia and in reducing suicide risk. Its broad mechanism of action, affecting multiple neurotransmitters, allows its use in secondary psychotic disorders and complex comorbidities, such as Parkinson's disease. However, its use is associated with significant risks, necessitating rigorous monitoring of adverse effects.

Disclosure of Interest: None Declared

EPV1825

Socio-demographic characteristics of a First-Episode Psychosis Programme

C. Rodriguez Valbuena^{1*}, M. A. Andreo Vidal¹ and M. Calvo Valcárcel¹

¹Psychiatry, Hospital Clínico Universitario de Valladolid, Valladolid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2258

Introduction: While it is known that of those people who experience psychotic experiences, approximately 75% of them do so for the first time between the ages of 15 and 30 and that the majority are male, there has recently been increasing interest in the incidence of psychosis in other population groups.

Objectives: The present study aims to analyse the sociodemographic data collected over a period of ten months in a First-Episode Psychosis Programme in a third level hospital, such as the Hospital Clínico Universitario de Valladolid.

Methods: It is a retrospective observational study. Patients have been recruited during ten months and those who presented an episode of the psychosis spectrum for the first time (according to DSM-V diagnostic criteria) were included. Different socio-demographic data regarding their age, sex, marital status and employment status have been collected at the time of their inclusion in the programme.

Results: A sample of 23 patients was recruited, of which 26% were women (n=6) and 74% were men (n=17).

The mean age was 29.95 years.

Regarding marital status, 70% of the patients in the sample were single (n=16), 17% were married (n=4), and 13% were living with a partner (n=3). There were no divorced or widowed patients.

In terms of employment, 36% (n=8) of the patients were in employment at the time of admission to the programme. 26% (n=6) were studying, 21% (n=5) were unemployed, 13% (n=3) were on sick leave and 4% (n=1) were receiving a pension.

Conclusions: Socio-demographic data, in general, are as expected in a programme of these characteristics. However, it should be noted that the mean age of the patients recruited is above that most frequently described in the literature. However, we believe that it would be necessary to increase the sample size to be able to offer more robust results.

Disclosure of Interest: None Declared

EPV1826

Delusional parasitosis disorder or the Ekbom syndrome, in relation to a case

L. Del Canto Martinez¹, C. Rodríguez Valbuena^{1*}, G. Lorenzo Chapatte¹, M. Ríos Vaquero¹, L. Rojas Vázquez¹, A. Monllor Lazarraga¹, L. Sobrino Conde¹, M. Fernández Lozano¹, N. Navarro Barriga¹, B. Rodriguez Rodriguez¹, F. J. González Zapatero¹, M. J. Mateos Sexmero¹, A. Aparicio Parras¹, M. P. Pando Fernández¹, P. Martínez Gimeno¹, M. A. Andreo Vidal¹, M. Calvo Valcárcel¹, M. D. L. Á. Guillén Soto¹ and M. E. Espinosa Muth¹

¹Hospital Clínico Universitario de Valladolid, Valladolid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.2259

Introduction: Ekbom syndrome, also known as delusional parasitosis, is a psychiatric disorder in which the affected person is firmly convinced that their body is infested with parasites, insects, or any other microorganism, despite the lack of medical evidence to support it.

A 56-year-old woman presents to the emergency department, referred by her primary care physician, due to a sensation of worms in her vagina and rectum. She reports that larvae are coming out of her nostrils, ears... and she feels them settling in her kidney. She is accompanied by her husband, who mentions that on some occasions, she has shown him the supposed parasite.

Objectives: The objectives of this clinical case are to understand whether Ekbom syndrome can be related to any secondary organic pathology, as well as to identify the conditions with which the differential diagnosis should be made, and to determine the most effective treatments.

Methods: Examination: Sensory-perceptual disturbances in the form of cenesthetic hallucinations. High levels of anxiety with functional impact on her daily life.

Complementary tests: A referral was made to Internal Medicine to rule out the presence of parasites, and to Neurology for an MRI with contrast, which revealed a white matter lesion in the brainstem. Tests for anti-AQP4 and anti-MOG antibodies were also conducted, and both were negative. After these studies, it was concluded that the criteria for secondary Ekbom syndrome due to organic pathology were not met.

Results: The differential diagnosis should be made with other psychiatric disorders such as schizophrenia, major depression, or substance-induced psychosis. Neurological diseases, such as