symptoms subsided. Since discharge, the patient has remained stable, though a medication adjustment was required due to reported side effects.
Conclusions: This case of *Folie à Deux* highlights how a telephone relationship can be sufficient to transmit and maintain shared psychotic delusions. While physical contact exacerbated the symptoms, emotional exchange from a distance can also be a potent medium for perpetuating delusions. This case suggests that proximity, whether physical or emotional, directly influences the severity of shared psychosis.

Disclosure of Interest: None Declared

EPV1764

Antidepressant-Induced Psychosis: A non-common Case Report

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Introduction: The emergence of psychotic symptoms induced by antidepressants is an uncommon phenomenon, though it has been documented in isolated cases. Psychosis induced by serotonin-norepinephrine reuptake inhibitors (SNRIs), such as Venlafaxine, is particularly rare. This case presents a patient who developed psychotic symptoms after starting treatment with Venlafaxine, highlighting his capacity for self-criticism and the egodystonic nature of his delusions.
Objectives: To describe a case of a depressive episode with psychotic symptoms secondary to antidepressant treatment, emphasizing the importance of differential diagnosis, therapeutic management, and the patient's notable awareness of the unreality of his psychotic symptoms.
Methods: A 40-year-old male with a history of depressive disorder and substance abuse experienced high levels of anxiety following the death of his father, with whom he had a conflicted relationship. He started treatment with Venlafaxine, which he had previously taken with good results. Shortly after, he developed euphoria, persecutory thoughts, and delusions, such as the belief that there were cameras watching him, that his food was poisoned, and that he was being followed. No substance use was reported during this period, although he had a history of significant abuse in the past. Due to the worsening of his symptoms, he voluntarily admitted himself for further evaluation at a hospital in Barcelona.
Results: During his hospital stay, Venlafaxine was discontinued due to its association with the psychotic symptoms. Antipsychotics such as Olanzapine, Invega, Aripiprazole, and Depakine were introduced, but these were poorly tolerated. After being transferred to Madrid, Cariprazine was reintroduced, leading to partial improvement, although referential thinking persisted. In private follow-up care, Anafranil was later added, which further improved his mood, although residual psychotic symptoms, particularly referential thinking, remained. A key aspect of this case is the patient's good insight and egodystonic experience of his psychotic symptoms from the onset. He has recently started group therapy in a Multifamily Psychotherapy Group.
Conclusions: This case highlights the importance of differential diagnosis between antidepressant-induced psychosis and primary psychotic disorders. It also underscores the patient's egodystonic experience of his delusions, with good insight, which facilitated clinical management. The literature on antidepressant-induced psychosis, particularly with drugs like Venlafaxine, is limited, indicating the need for further study of this rare but significant side effect.

Disclosure of Interest: None Declared

EPV1765

Exploring conversation coordination in patients with schizophrenia

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Introduction: Individuals with schizophrenia (SZ) are known to be impaired in their social and communication abilities. However, these impairments are not well characterized. More specifically, little is known about how SZ individuals take into account their interlocutor during conversation. Verbal backchannels (e.g., okay, yes) have been described as crucial cues that contribute to conversation coordination by allowing the updating of knowledge shared between interlocutors (Gravano & Hirschberg, 2011, Comput. speech lang., *25*, 601-634). They could reflect the ability of interlocutors to take into account their partner's perspective during conversation.
Objectives: The aim of the present study was to explore how SZ individuals manage conversation coordination with their interlocutor.
Methods: Thirty-one SZ participants and 30 healthy control (HC) participants matched for age and educational level performed a referential communication task with a partner (i.e., a collaborative game; Champagne-Lavau et al., 2009, Cogn. Neuropsychiatry, 14, 217-239.). During this game, they played either the role of Director (condition 1) or the role of Addressee (condition 2) with an experimenter. In condition 1, we performed prosodic analyses on the cues known to predict the production of a backchannel (i.e., backchannel-inviting cues, Gravano & Hirschberg, 2011) by the Addressee (e.g., duration and intonational contour of the Director's utterance produced before the backchannel). In condition 2, we performed phonetic analyses (e.g., f0min, f0max, pitch span, duration) on the backchannels (i.e., yes) produced by the Addressee. SZ participants' severity of symptoms was measured using the PANSS. Participants were also assessed on their theory of mind abilities with the Hinting task.
Results: Data from 22 SZ and 17 HC participants were analyzed. The main results did not show any difference between SZ and HC participants regarding the production of backchannel-inviting cues (condition 1) and regarding the number of backchannels produced (condition 2). However, phonetic analyses in condition 2 showed that SZ participants produced backchannels with a shorter duration (222 ms ± 85) and a reduced pitch span (0.443 ± 0.301) compared to HC participants (duration: 265 ms ± 91; pitch span: 0.586 ± 0.367). We also found a correlation between pitch span and PANSS (general score) ($r = -0.467$, $p = 0.029$) and a correlation marginally

significant between pitch span and theory of mind abilities (r = 0.395, p = 0.069).
Conclusions: This exploratory study seems to show that SZ participants' production of backchannels (reflecting their role in conversation coordination) is related to their theory of mind abilities and to their symptoms.

Disclosure of Interest: None Declared

EPV1766

Efficacy and safety of brexpiprazole in early-episode schizophrenia: post hoc analysis of clinical trials in adults and adolescents

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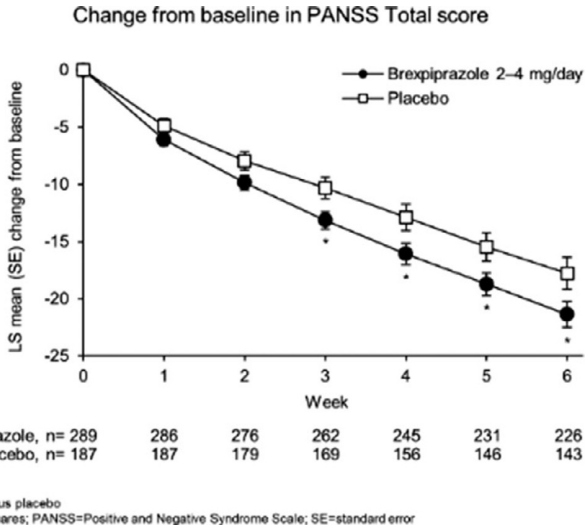
Introduction: For patients with schizophrenia, effective treatment of early episodes may improve long-term outcomes, reduce the risk of relapse, and limit functional impairment.
Objectives: To evaluate the efficacy and safety of brexpiprazole versus placebo in adult and adolescent patients with early-episode schizophrenia.
Methods: Data were analyzed from four Phase 3, 6-week, randomized, double-blind, placebo-controlled trials: three in adults (Clinical Trials.gov: NCT01396421 [Vector], NCT01393613 [Beacon], NCT01810380 [Lighthouse]), and one in adolescents (NCT03198078 [Study 331-10-234]). For the trials in adults, patients aged 18–65 were randomized to placebo (total N=531), brexpiprazole (total N=1,093; 0.25, 1, 2 or 4 mg/day, or 2–4 mg/day, depending on the trial), or quetiapine extended-release (N=154; active reference in one trial). For the trial in adolescents, patients aged 13–17 were randomized to placebo (N=104), brexpiprazole 2–4 mg/day (N=110), or aripiprazole (N=102; active reference). Mean baseline Positive and Negative Syndrome Scale (PANSS) Total scores indicated that adult and adolescent patients were of similar disease severity. In all four trials, the primary efficacy endpoint was change from baseline to Week 6 in PANSS Total score. In this *post hoc* analysis, early-episode schizophrenia was defined as age 13–35, and ≤5 years' duration of illness. Data from the four trials were pooled and compared between brexpiprazole 2–4 mg/day (FDA-recommended target dose in adults and adolescents) and placebo. Efficacy outcomes were analyzed using least squares (LS) mean change from baseline (mixed model for repeated measures). Safety was also evaluated.
Results: The *post hoc* early-episode schizophrenia sample comprised 292 patients treated with brexpiprazole 2–4 mg, and 190 treated with placebo (analyzed for safety), of whom 289 and 187 were analyzed for efficacy, respectively. The *post hoc* efficacy sample comprised 19.3% of the corresponding efficacy sample of the adult trials (pooled), and 98.1% of the corresponding efficacy sample of the adolescent trial. In the *post hoc* efficacy sample, mean (standard deviation) baseline age was 22.4 (6.6) in the brexpiprazole group and 20.5 (6.6) in the placebo group, and baseline PANSS Total scores were 97.9 (13.5) and 100.4 (14.2), respectively. The LS mean (standard error) change from baseline to Week 6 in PANSS Total score was -21.4 (1.1) with brexpiprazole, and -17.8 (1.4) with placebo (p=0.042). The overall incidence of treatment-emergent adverse events (TEAEs) was 50.7% with brexpiprazole, and 46.3% with placebo. The TEAE with the highest incidence in the brexpiprazole group was akathisia (6.5%; placebo, 2.1%).
Image 1:



Conclusions: In this *post hoc* analysis of patients with early-episode schizophrenia, brexpiprazole was associated with greater improvement in schizophrenia symptoms than placebo. No new safety observations were made.

Disclosure of Interest: None Declared

EPV1767

Preliminary evaluation of the psychometric properties of the Italian version of the Psychotic Symptom Rating Scales (PSYRATS)

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Introduction: Most of the validated Italian scales for assessing psychotic symptoms don't analyze specific symptoms like delusions and hallucinations in detail, but rather measure a wide range of experiences and behaviors in a general way. Scales such as PANSS, SAPS, and Sistema3 include only a few items on delusions and hallucinations, without considering the multidimensional characteristics of these symptoms, such as the degree of conviction, distress, duration, and perceived reality of the hallucinations. The Psychotic Symptom Rating Scales (PSYRATS) is the most widely