

Consultant of: AbbVie, Acadia, Alkermes, Allergan, Angelini, Aristo, Biogen, Boehringer-Ingelheim, Cardio Diagnostics, Cerevel, CNX Therapeutics, Compass Pathways, Darnitsa, Denovo, Gedeon Richter, Hikma, Holmusk, IntraCellular Therapies, Jamjoom Pharma, Janssen/J&J, Karuna, LB Pharma, Lundbeck, MedAvante-ProPhase, MedInCell, Merck, Mindpax, Mitsubishi Tanabe Pharma, Mylan, Neurocrine, Neurelis, Newron, Noven, Novo Nordisk, Otsuka, Pharmabrain, PPD Biotech, Recordati, Relmada, Reviva, Rovi, Sage, Seqirus, SK Life Science, Sumitomo Pharma America, Sunovion, Sun Pharma, Supernus, Takeda, Teva, Tolmar, Vertex, and Viatrix.

EPP702

When epilepsy triggers psychosis : understanding the mystery of postictal psychosis

A. Tarrada^{1,2}

¹Neuropsychiatry Unit, UMC Central, Nancy and ²Neuropsychiatry Unit, Centre Psychothérapique de Nancy, Laxou, France
doi: 10.1192/j.eurpsy.2025.895

Introduction: Postictal Psychosis (PIP) is a severe psychiatric complication of epilepsy, defined by a brief psychotic episode, with a mean duration about 10 days, occurring after a cluster of seizures, or a focal seizure evolving to bilateral tonic-clonic seizure, and sometimes after a single seizure. Around 2 % of patients are affected by this disorder, mostly in long-lasting, drug-resistant temporal lobe epilepsy, but its prevalence is probably underestimated. (Kanemoto et al. Cambridge, 2011; p.67-79). PIP can lead to severe behavioral disturbances, such as agitation, violence and suicide (Tarrada et al. *Epilepsy Behav*, 2022). Multiple hypotheses exist about the pathophysiology of Postictal Psychosis (de Toffol et al. *Encephale*, 2016; p443-447). As the clinical manifestations of PIP are roughly stereotyped regardless of the epileptogenic zone, we assumed the existence of a common neurological pathway.

Objectives: We aimed to determine if a specific brain network sustained the psychotic episode, regardless of the localization of the epileptogenic zone.

Methods: We conducted a systematic review following the PRISMA guidelines (Cheval et al. *Seizures*, 2024; p 44-55). We included studies that provided EEG, and metabolic imaging performed during the presence of psychotic symptoms. Studies were not included, when the diagnosis of PIP was doubtful, or when the results EEG and/or imaging were not detailed enough.

Results: We included a total of 24 studies providing electrophysiological results (n=22) and metabolic imaging performed during the PIP (n=5). Temporal and frontal lobes seemed frequently involved, without clear evidence for lateralization. The EEG patterns were heterogenous, varying from unchanged to diffuse slowing. Metabolic pattern showed an increased perfusion within temporal and frontal lobes during PIP. These results correspond to the patterns described during postictal state, but they persisted throughout PIP, within regions larger than the epileptogenic zone and resolved with the recovery (Cheval et al. *Seizures*, 2024; p 44-55).

Conclusions: PIP symptoms are associated with an excessive persistence of postictal changes within extended frontotemporal networks. A hypothesis could be that PIP results from an abnormally prolonged and diffuse post-ictal dysregulation. Nonetheless this results is relatively imprecise and further studies should elucidate the subjective experience of the epileptic seizure, and the neuropsychological profile of patients with PIP episodes. Finally, these

results could be also compared to the results of invasive EEG in patients with schizophrenia obtained in a previous controversial study, that showed the presence of epileptic activities in depth regions of the brain (Heath et al. *Epilepsy Behav*, 2005; p633-645), a pattern distinct from PIP, that would suggest epileptic psychoses have a pathophysiology different from primary psychoses.

Disclosure of Interest: None Declared

EPP703

Late Onset Schizophrenia: What Can We Learn? A Qualitative Study of Psychopathology and Social Factors Throughout Life

A. Urfer Parnas^{1*}, C. Krogh¹, J. Nordgaard², M. Gram Henriksen² and J. E. Yttri³

¹Psychiatry, Mental Health Hospital of Amager, Copenhagen;

²Psychiatry, mental Health Center of Roskilde, Roskilde and

³Psychiatry, mental Health of Slagelse, Slagelse, Denmark

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.896

Introduction: In 1943, Manfred Bleuler noted that late-onset schizophrenia (LOS) is an overlooked patient group, but accounts for 20% of all patients diagnosed with schizophrenia. There is a limited interest in this subgroup perhaps because of the focus on patients with early onset of schizophrenia currently. Patients with LOS differ from those with earlier onset by showing better premorbid functioning, cognitive and social skills and a less disorganized. There is limited information about the presence of premorbid near-psychotic or psychotic experiences in these patients.

Objectives: The main aims of this qualitative study were to investigate 1) the extent to which patients with LOS experience near-psychotic or psychotic episodes during their lives prior to their first contact with psychiatry, 2) whether their premorbid social life and level of functioning were affected, and 3) potential triggers before their initial interaction with the mental health care system.

Methods: Inclusion criteria comprised patients with a diagnosis of ICD-10 schizophrenia given at ages 36-59 years. They should not have had any prior contact with the psychiatric healthcare system before their first interaction with psychiatry. A semi-structured interview guide was developed for the study. All interviews were audio recorded and subsequently transcribed. The qualitative analysis consisted of an interaction between theoretical knowledge and empirical results aiming to identify interaction between psychopathology and social factors prior to the first contact with psychiatry.

Results: Most patients with LOS had experienced psychotic symptoms ranging from weeks to years before their first contact with psychiatry. Many had experienced nonspecific symptoms such as depression, fatigue, anxiety or sleeping disturbances for several years before their first psychiatric consultation. The majority reported feeling different throughout their life.

Eleven patients had been married for over three years, six divorced in the months preceding the outbreak. Nine participants had been out of the labor market for several years, the other had been dismissed or went on sick leave shortly just before their contact with psychiatry.

Many stressful life events occurred before their initial psychiatric consultation.