

who were admitted to our clinic. For all included patients, diagnoses were recorded according to the DSM-IV TR and ICD-10 classification criteria. Data collected included patient demographics and clinical information. All analyses were conducted using SPSS package.

Results: Of the 139 patients included in this study, 130 patients (93,5%) presented prodromal symptoms. 73 of these patients (52,5%) presented with negative symptoms that were more common in our study in single male patients that had low academic performance and a family history of mental illness, findings consistent with the literature. A decline in social functioning decline was observed in 64 patients (46%) prior to their first admission. 87 patients (62,6%) had a prodromal phase which lasted more than one year.

Conclusions: These findings support the value of early psychopathology in predicting the diagnosis of SK, but clinical guidelines are needed for a more systematic evaluation of the SK prodrome.

Disclosure: No significant relationships.

Keywords: schizophrénia; prodromal phase; first psychotic episode; Early detection

EPV1366

The use of technologies and social media in patients with schizophrenia and schizoaffective disorder

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Introduction: Technologies such as the phone, the computer, and social media network nowadays are becoming more and more available to everyone including patients with mental illnesses.

Objectives: Our study aimed to examine the prevalence of technology use in individuals with schizophrenia and schizoaffective disorder.

Methods: Study participants were recruited from the outpatient unit of the department C of psychiatry in Hedi Chaker hospital of Sfax, Tunisia. A total of 38 male patients were recruited, from whom the diagnosis of schizophrenia or schizoaffective disorder according to the DSM-5 criteria had been confirmed. Socio-demographic and clinical information as well as details about their technology use were collected from all the patients.

Results: Of the 38 study participants, 65.8% owned a cell phone, and 52.6% used the cell phone to send or receive messages. A rate of 21.1% owned a computer, 34.2% had internet access and 28.9% had an email account. A rate of 23.7% used social media. Facebook was the most popular social media site. 72% of cell phone owners would like to communicate with their doctor via text messages, and 68% would like to be reminded of their appointments via text messages. Among social media users, 55.6% expressed their interest in a social-media-based doctor-patient communication and appointment reminders.

Conclusions: Our findings suggest that these technologies afford an opportunity to improve the management of these patients.

Disclosure: No significant relationships.

Keywords: Schizoaffective disorder; schizophrénia; technologies; social media

EPV1367

Promoting better mental health care for patients with psychosis by focusing on differences in causal beliefs between patients and clinicians

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Introduction: Nonadherence to antipsychotic medications and disengagement from psychiatric services are frequent among people with psychosis. Research indicates how the beliefs of people with psychosis about the etiology of their symptoms, or their causal beliefs, affect treatment choice and outcomes. Yet, there is less research on causal beliefs of clinicians or on the impact of patient-clinician disagreements on treatment and adherence.

Objectives: This review aimed to explore the scope of the literature focusing on clinicians' causal beliefs and to map the degree of patient-clinician concordance in causal beliefs.

Methods: A systematic literature search of PubMed, Embase, Scopus, PsycInfo, and ASSIA and a grey literature search of PsyArXiv and MedNar yielded 11,821 eligible references.

Results: Forty-two articles indicated that whereas clinicians endorse mainly biogenetic beliefs (9/15 articles, 60%), patients endorse mainly psychosocial causal beliefs (16/31, 52%) and other non-biogenetic causal beliefs (8/31, 26%). Most studies did not compare causal beliefs of people with psychosis and their treating clinicians.

Conclusions: While clinicians and people with psychosis often hold complex causal models, a gap in causal beliefs between these groups appears to exist, which may affect the therapeutic relationship and pose barriers to treatment adherence. Future studies should address this gap by developing interventions that facilitate open communication about causal beliefs to promote treatment alliance and an agreed-on treatment plan.

Disclosure: No significant relationships.

Keywords: causal beliefs; Psychosis

EPV1368

Late onset schizophrenia and delusional disorder: activity of platelet energy, glutamate, and glutathione metabolizing enzymes

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Introduction: Alterations of glutamate, energy and glutathione metabolism contribute to the pathogenesis of psychotic disorders

Objectives: Revealing clinical-biological correlations in patients with late onset schizophrenia and delusional disorder by

determining clinical parameters and activity of platelet enzymes of energy, glutamate, and glutathione metabolism.

Methods: 27 women of 45-80 years old were studied, with late onset schizophrenia or delusional disorder. Activity of platelet cytochrome *c*-oxidase (COX), glutamate dehydrogenase (GDH), glutathione reductase (GR) and glutathione-S-transferase (GST), and scores by PANSS, HAMD, MMSE, and CGI-S were evaluated twice: before and after the 28-th day of treatment. Activity of COX, GDH, GR, and GST was measured once in 23 women of 44-81 years old comprising the control group.

Results: As compared with controls, only GDH activity was found significantly decreased (before and after treatment, $p < 0.001$). Clusterisation of patients by enzymatic activities resulted in 3 clusters significantly different by COX, GDH and GST. Significant correlations were found between enzymatic activities and scores by psychometric scales: in the cluster 1 ($n=9$) baseline COX activity correlated with scores by PANSS positive subscale ($R=0.9$, $p=0.001$) and with scores by MMSE ($R=-0.9$, $p=0.002$); in the cluster 2 ($n=12$) GR activity after treatment negatively correlated with scores by PANSS ($R=-0.9$, $p=0.001$), PANSS negative subscale ($R=-0.8$, $p=0.004$), and CGI-S ($R=-0.9$, $p=0.001$).

Conclusions: The revealed correlations between enzymatic activities and clinical parameters give hope on detection of useful biochemical markers which, after enlargement of patients' group with late onset psychotic disorders, would be validated for prediction of the pharmacotherapy efficiency and outcome of treatment.

Disclosure: No significant relationships.

Keywords: glutamate dehydrogenase; glutathione reductase; glutathione-S-transferase; late onset schizophrenia

EPV1369

First episode-psychosis: Short- and long-term outcomes and related features predicting the transition to schizophrenia

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Introduction: The occurrence of a first episode-psychosis in adolescents or young adults represents a difficult struggle with an uncertain and divergent outcome, since the clinician does not have at his disposal the clinical elements sufficient to predict these different disease trajectories.

Objectives: Our aims are to describe the socio-demographic, clinical characteristics and the short and long-term outcomes of a first episode-psychosis and to identify the predictive factors of the transition to schizophrenia.

Methods: We conducted a retrospective study about 117 patients hospitalized for a first episode-psychosis in the Psychiatric Department of Monastir (Tunisia). Sociodemographic and clinical features were collected using a pre-established form.

Results: First-episode psychosis affected young male subjects with low educational level. Stressors were present in 54.7%. An 8-week prodromal phase preceded the onset of the disorder in 59%. The

disorder course included diagnosis of: Brief psychotic disorder (32.5%), schizophrenia (31.6%) and bipolar disorder (18.8%). The short-term outcome was characterized by a complete remission rate of 58.1% at 3 months and 37.6% at 6 months. The long-term outcome was marked by a high rate of lost to follow-up: 70.8% after 5 years. The transition to schizophrenia was linked to the presence of delirium of influence and the absence of favorable course at 3 months.

Conclusions: Our results led to the identification of the profile of patients with a first episode-psychosis and the factors correlated with a diagnosis of schizophrenia. Indeed, the determination of risk factors would make it possible to adapt earlier the care.

Disclosure: No significant relationships.

Keywords: First-episode psychosis; schizophrenia; risk factors; outcome

EPV1370

Folie en Famille: A Case Report of Shared Delusory Parasitosis

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Introduction: Delusional parasitosis, first documented in 1946, is a rare psychiatric illness described as both a stand-alone diagnosis, as well as a secondary condition to an underlying psychiatric or medical pathology, or substance use. Interestingly, the fixed false belief of being infested has also been identified in partners of individuals with the disease, and in some cases the delusion permeated families and was thus given the name "folie en famille".

Objectives: To describe the first reported case of delusional disorder, somatic type, with similar delusional symptoms in the patient's husband, in the State of Qatar.

Methods: Patient and her husband were interviewed. Her file was reviewed for past history and medications.

Results: 34-year-old female with no past psychiatric history, 5 months post-partum, reported fixed beliefs of insect infestation in her baby's skin, hers, and her husband's, of 2 months duration. She reports a pruritic rash, and perceives proliferating insects in different life stages. The family relocated 5 times in 2 months. They bathe in vinegar several times a day to exterminate the insects. Husband mirrors her account of infestation with milder symptoms. Repeated medical investigations were insignificant. OCD, mood disorder, and other psychotic illnesses were ruled out.

Conclusions: Delusional parasitosis presents a unique therapeutic challenge to psychiatrists. It is necessary to build rapport with patients, rule out comorbidities, and conduct randomized controlled trials to evaluate the effectiveness of psychotropic drugs in its treatment. In cases of shared delusions, identifying the primary patient is crucial for treatment of all the individuals that share the delusion.

Disclosure: No significant relationships.

Keywords: ekbom syndrome; Shared delusional disorder; Delusional parasitosis; folie en famille