

Conclusions: According to our results, the ability to interpret courtship signals does not differ significantly between patients and controls. However, male patients tend to overestimate women's sexual interest on average, which may be one of the reasons why they face challenges in intimate relationships. Further research is needed to explore this.

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EPV1775

Antipsychotic treatment for epilepsy-related psychosis: hope from a newcomer

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Introduction: Psychosis has long been known to have an association with epilepsy. Slater's 1963 descriptive case series provided the first modern definition of epilepsy-related psychosis, described as psychotic symptoms developing after the onset of epilepsy and occurring in clear consciousness, not exclusively during or right after a seizure. Up to 7% of individuals with epilepsy have a co-morbid psychotic illness. Consensus guidelines by the International League of Epilepsy recommend treating epilepsy-related psychosis similarly to other categories of psychosis. Despite the widespread consensus that the prescription of an antipsychotic is possible without risk in an epileptic patient treated with AEDs, there have always been special considerations about prescribing antipsychotics for seizure-related psychosis. Furthermore, a review article by Adachi et al. specifically warns that concerns regarding seizure threshold can lead to the undertreatment of this particular type of psychosis.

Objectives: Case report.

Methods: Case report.

Results: Case presentation: Our patient has generalized epilepsy, with several incomes due to generalized tonic-clonic seizure and mild diffuse encephalopathy since childhood. By the age of 15 years, he started developing suspicion, self-reference, persecutory and damage delusions, visual hallucinations and episodes of aggressiveness towards people surrounding him. He had been treated with multiple antiepileptics and antipsychotics drugs, without achieving a long-term stabilisation until now. While the seizures were controlled in his early ages; ever since the onset of the psychosis both the psychotic symptoms and the seizures got impossible to handle, mainly because of his lack of tolerance to almost every antipsychotic used. Our primary hypothesis is that these antipsychotics lowered the seizure threshold, triggering new episodes of tonic-clonic seizures and arousing the patient's desire of abandon the treatment -the latter has been confirmed by the patient-. At this point, we considered the recently released brexpiprazol as a potentially efficient treatment. After a proper explanation of our clinical reasons to prescribe this new drug, especially its unique pharmacodynamics, we acquired the patient's consent to start with it. So far, the response is being excellent, which is particularly impressive given the fact that he is taking the maximum daily dose of brexpiprazol (4mg). Not only the psychotic symptoms are restrained, but also he has not experienced any seizure since the introduction. As a key

outcome, the patient has developed a significant insight regarding his condition and the need of treatment.

Conclusions: The treatment of epilepsy-related psychosis is a really delicate subject. Brexpiprazol is a modern drug, with an innovative pharmacodynamics and an excellent side-effect profile, and should be taken into consideration in every patient with seizure-related psychosis.

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EPV1777

Case Report: A Rare Case Example Of Charles Bonnet Syndrome

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Introduction: Charles Bonnet syndrome, first described by Charles Bonnet in 1760, is characterized by visual hallucinations in cognitively normal patients who are typically elderly and often visually impaired.

Objectives: This case has been evaluated as a typical Charles Bonnet syndrome characterized by multisensory hallucinations (visual, auditory, olfactory hallucinations) observed in a patient with NF-2 diagnosis. In this respect, this case analysis might make an important contribution to the literature, as it might expand the understanding of CBS in the context of complex neurological disorders. Consideration must be put into the possibility of associating the patients' multisensory hallucinations with organic pathology due to the presence of occipital and temporal meningiomas.

Methods: In this section, data obtained from our own case will be included. Additionally, a literature review was conducted using PubMed, restricting the search to studies published between 2014 and 2024. The search term "Charles Bonnet Syndrome" was used to identify relevant articles. Furthermore, a detailed anamnesis of the disease process was obtained from the patient's mother.

Results: A 31-year-old female first presented to our psychiatry outpatient clinic in July 2024, with her relative reporting a diagnosis of neurofibromatosis type 2. It was documented that the patient underwent surgery in November for diffuse meningiomas (both supra- and infratentorial, involving the temporal and occipital regions). Also, the patient experienced total hearing loss due to vestibular schwannomas in the right region and suffered from visual loss during the pre-operating period. She reported a distressing increase in the acute perception of the smell and taste of food and beverages. Her first psychiatric examination was conducted postoperatively. Olanzapine 2.5mg/day was commenced as a treatment for relative auditory and olfactory hallucinations, and the dose of the drug was gradually increased to 10mg/day. The final examination was conducted on August 26, 2024. According to reports from the patient's relatives, there was a noted decrease in the frequency and intensity of the hallucinations. Throughout the medical examinations, communication with the patient was partially facilitated using tactile cues.

Conclusions: A typical Charles Bonnet syndrome is a disorder characterized by visual loss accompanied by visual hallucinations. In this case, olfactory, auditory and alpha-factor hallucinations that developed after visual and hearing loss were detected and resulted in the involvement of more than one sensory organ, shedding light on the current literature. In this case, the fact that the person already had neurofibromatosis type 2 disease further complicates the etiology of these symptoms and requires detailed follow-up and treatment.

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EPV1778

Negative Symptoms of Schizophrenia: Contribution of IL-1 β , IL-4, and IL-10 Gene Polymorphisms and Adverse Childhood Experiences

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Introduction: Schizophrenia is a severe mental illness manifested by various symptoms. Negative symptoms (NS) are associated with disability and poor function of patients. The study of NS neurobiology is complicated by their heterogeneity. Factor analysis revealed two distinct NS subdomains with different pathophysiological mechanisms: volitional pathology, including avolition and apathy (AA), and diminished expression (DE). Inflammation is one mechanism that may underlie NS, including their heterogeneity.

Objectives: To investigate the differentiated associations between polymorphisms of interleukin genes IL-1 β (rs16944), IL-4 (rs2243250), and IL-10 (rs1800872, rs1800896) and adverse childhood experiences (ACE) with NS of schizophrenia, specifically the factors of AA and DE. We hypothesize that genetic variants, which may aggravate the inflammatory response, are associated with higher NS and NS factors scores.

Methods: Data from 564 patients diagnosed with schizophrenia or schizoaffective disorder were included in the study. NS factors were calculated based on the Positive and Negative Syndromes Scale. The two-way ANOVA (sex, genotype) with Bonferroni post hoc test was used to examine the effect of the genotypes on the PANSS-derived NS subdomains.

Results: The high-expressive allele of IL-1 β and low-expressive alleles of IL-4 and IL-10 are associated with more severe NS. However, a differentiated association with the AA and DE factors was found only for the IL-10 rs1800872 polymorphism. Among carriers of the low-expressive AA allele with ACE, there is a trend towards increased ED scores, but not AA scores.

Conclusions: The findings confirm that the imbalance between pro-inflammatory and anti-inflammatory cytokines may be a key mechanism influencing the severity and heterogeneity of NS.

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EPV1779

Feasibility, Acceptability, and Initial Outcomes of a Yoga-Based Group Intervention for Inpatients with Schizophrenia Spectrum Disorders: A Rater-Blinded Randomized Controlled Trial

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Introduction: The efficacy of yoga as an adjunctive treatment for schizophrenia spectrum disorders (SSD) has garnered interest, however, meta-analytic findings exhibit heterogeneity. While yoga may positively influence various symptom domains, further investigation is needed due to the limited number, quality, and generalizability of studies. Yoga-based Group Intervention (YoGI) was specifically developed together with persons with SSD through a participatory approach and its mechanisms and processes were explored within qualitative studies.

Objectives: This pre-registered randomized controlled trial (RCT) assessed the acceptability and feasibility as well as preliminary outcomes of YoGI compared to a comprehensive treatment as usual (TAU) in an inpatient setting.

Methods: Fifty inpatients with SSD received either treatment as usual (TAU, $n = 25$) or YoGI+TAU ($n = 25$) for four weeks. Preliminary analyses examined rater-blinded positive and negative symptoms, self-rated depressive and anxiety symptoms, body mindfulness, mindfulness, psychological flexibility, subjective cognition, social functioning, quality of life, and medication regime at baseline and post-intervention.

Results: Outcomes showed a 95% protocol adherence, feasibility and retention rates of 91% and 94%, respectively, and a dropout rate of 6%. ANCOVA revealed significant between-group post-intervention improvements for YoGI+TAU in positive symptoms, depression, cognitive fusion, and a mindfulness subscale. Medium-to-large pre-to-post intervention effects were found for body-mindfulness, positive, negative, and general symptomatology, depression, anxiety, stress, cognitive fusion, attention, and quality of life in YoGI+TAU, while within-group changes were consistently smaller in TAU. No severe adverse events were reported.

Conclusions: This trial contributes to the growing evidence supporting the feasibility and acceptability of yoga for persons with SSD in an inpatient setting. Furthermore, preliminary evidence suggests that YoGI may provide additional benefits beyond TAU alone, across various self- and rater-based outcomes. These outcomes include improvements in body mindfulness, mindfulness, and psychiatric symptomatology, including positive and negative symptoms, subjective cognition, depression, anxiety, stress, social functioning, and quality of life. Additional fully powered RCTs are warranted to further elucidate the efficacy and potential mechanisms of action of YoGI for SSD, which should also assess the cost-efficiency of YoGI and explore longitudinal changes associated with the intervention. Such comprehensive research endeavours will not only enhance our understanding of the therapeutic potential of YoGI but also inform clinical practice and intervention strategies for persons with SSD.

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