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Auditory variant of Charles Bonnet Syndrome: A review of two clinical cases

J. Santilari Planas^{1*}, J. Tortajada Valero^{1,2,3}
and E. García González¹

¹Institut Pere Mata; ²CIBERSAM and ³Institut d'Investigació Sanitària Pere Virgili, Reus, Spain

*Corresponding author.

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Introduction: Charles Bonnet Syndrome (CBS) is characterized by complex hallucinations in patients with sensory impairment. The World Health Organization in 2018 outlined the diagnostic criteria for CBS as follows: complex visual hallucinations; partial or complete vision loss; and absence of mental disorders (Dhooze Patty et al. AES 2022;7:12). Notably, auditory hallucinations are excluded from this definition, and recent reviews argue that CBS should not encompass sensory or auditory hallucinations (Rojas LC, Gurnani B. StatPearls 2024). Although their frequent association with psychotic disorders, a broad differential diagnosis is crucial given the diverse etiologies. Recently, there has been growing literature of cases of auditory hallucinations which were only explained as a CBS.

Objectives: The work aims to explore and discuss the auditory variant of Charles Bonnet Syndrome (CBSa).

Methods: Based on two clinical cases, we conducted a literature review on this topic using PubMed database.

Results: We describe two patients with severe sensorineural hearing loss and auditory hallucinations. The first patient, a 95-year-old independent in daily activities, presented with sudden-onset external voices. The second, an 81-year-old institutionalized woman, exhibited musical auditory hallucinations that developed over several months. Both patients maintained insight into the unreality of their hallucinations.

Comprehensive evaluations ruled out other potential causes, including neurological, psychiatric, pharmacological, and toxic-metabolic origins. Given the symptoms and the exclusion of alternative diagnoses, CBSa was determined as the underlying cause.

The course of CBSa is known to be variable; hallucinations may diminish or resolve spontaneously or when the hearing deficit is ameliorated. Therefore, management is directed toward addressing the primary cause. No standardized treatment exists; however, medications such as antipsychotics, antidepressants, or antiepileptics may alleviate symptoms (Perez PA et al. Open Neurol J 2017 Feb 28;11:11-14). In our cases, both patients were treated with risperidone at 1 mg/24h, resulting in good tolerance and complete resolution of symptoms.

Conclusions: Despite the absence of definitive diagnostic criteria for CBS, it is predominantly associated with visual hallucinations without concomitant neurological or psychiatric pathology, excluding auditory manifestations. However, if patients experience hallucinations in non-visual sensory modalities while retaining insight into their unreality, they should not be excluded from a CBS diagnosis. Recent case studies support the existence of such variants.

This paper advocates for the refinement of CBS diagnostic criteria to encompass these additional manifestations. Expanding these criteria could enhance psychiatric epidemiology by addressing

the current underestimation of CBS prevalence and improving the recognition and management of this condition.

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Self-disorders in schizophrenia spectrum disorders

I. M. M. Soerensen^{1*}, J. Nordgaard¹, I.-M. Moelstroem²,
R. Handest², A. R. Rasmussen², K. E. Sandsten² and J. Thalbitzer²

¹Psychiatry Region Zealand, University of Copenhagen, Roskilde and

²University of Copenhagen, Copenhagen, Denmark

*Corresponding author.

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Introduction: The term *self-disorder* investigated in this study refers to a disorder of the minimal self. It is a disturbance at the basic pre-reflective level typical in schizophrenia spectrum disorder. These disturbances are often present in the prodromal face of schizophrenia.

In 2003 Sass and Parnas proposed the ipseity-disturbance model (*ipseity also sometimes termed minimal self, basic self, experimental self, and for-meness*). Since 2003 Parnas and colleagues have published EASE (Examination of anomalous Self-experience): a semi-structured interview guide to allow for a systematic, qualitative and quantitative assessment of self-disorders.

The EASE-scale consist of a checklist of 57 items divided into 5 domains: 1) Cognition and Stream of Consciousness, 2) Self-Awareness and Presence, 3) Bodily Experiences, 4) Demarcation/Transitivity and 5) Existential Reorientation. The domains serve to structure the interview and to aid the interviewer to navigate and cover all 57 items during the interview.

In the last 20 years, several studies using EASE have supported self-disorders to be a central psychopathological feature of schizophrenia. A systematic review from 2021 showed that self-disorders hyper-aggregate in schizophrenia spectrum disorders but not in other mental disorders. However, self-disorder aggregation and distribution in between schizophrenia spectrum disorders have not been investigated before.

Objectives: The purpose of this study is to compare overall EASE-sums in types of schizophrenia spectrum disorders including subtypes of schizophrenia (ICD10).

We hypothesize that there will not be a significant difference in overall EASE-score, reflecting self-disorder to be a core disturbance in schizophrenia spectrum disorders.

Furthermore, we plan to perform explorative statistical analysis on item-level of the EASE-scale, to investigate whether self-disorders presents differently and characteristically in-between schizophrenia spectrum disorders.

Methods: Data is pooled from 6 different studies, totaling 236 patients.

All patients were examined using the EASE-guide by a professional clinicians who were trained in the semi-structured EASE-interview. The patients were furthermore assessed thoroughly for psychopathology and diagnosed according to ICD10 and DSM-IV or V.

Results: Ongoing

Conclusions: Ongoing

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