Objectives: Presentation of a case that clearly defines the classic term paraphrenia, which is now a days lost in new classifications.
Methods: We carried out a literature review of the term paraphrenia and presented a real case of a patient interned in our psychiatric ward.
Results: A 55-year-old woman, was without treatment or attendance to her psychiatrist for years, admitted to the hospital due to public disturbance. Even the lack of treatment did not repercuss greatly emotionally or behaviorally. During our interviews, she showed an expansive discourse rich in delirious content, as well as thought transmission and reading, auditive hallucinations and corporal influence. As we can see, this case exposes what would have classical been classified as a case of paraphrenia, nowadays we cannot find a better term to name this group of symptoms with the current classifications.
Conclusions: We can conclude that paraphrenia is halfway between schizophrenic disorganization and paranoic structuring. The personal deterioration is significantly lower than in schizophrenia and the expression of delirium differs from paranoia. Even though actual classifications provide simplicity and pragmatism, we risk losing the semiological and phenomenological richness of classic terminology.

Disclosure: No significant relationships.
Keywords: Paraphrenia; Chronic delusion; Classic termionolgy; Expansive discourse

EPV1399

The association between area-level residential instability and gray matter volume changes

B. Ku[1]*, J. Addington[2], C. Bearden[3], K. Cadenhead[4], T. Cannon[5], M. Compton[6], B. Cornblatt[7], B. Druss[8], M. Keshavan[9], D. Mathalon[10], T. Mcglashan[5], D. Perkins[11], L. Seidman[9], W. Stone[9], M. Tsuang[4], S. Woods[5] and E. Walker[12]

[1]Emory, Psychiatry And Behavioral Sciences, Atlanta, United States of America; [2]University of Calgary, Psychiatry, Calgary, Canada; [3]UCLA, Psychiatry, Los Angeles, United States of America; [4]UCSD, Psychiatry, San Diego, United States of America; [5]Yale, Psychiatry, New Haven, United States of America; [6]Columbia, Psychiatry, New York, United States of America; [7]Zucker Hillside Hospital, Psychiatry, Long Island, United States of America; [8]Emory, Department Of Health Policy And Management, Atlanta, United States of America; [9]Harvard, Psychiatry, Boston, United States of America; [10]UCSF, Psychiatry, San Francisco, United States of America; [11]University of North Carolina, Psychiatry, Chapel Hill, United States of America and [12]Emory, Psychology, Atlanta, United States of America
*Corresponding author.
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Introduction: Area-level residential instability (ARI), an index of social fragmentation, has been shown to explain the association between urbanicity and psychosis. Urban upbringing has been shown to be associated with decreased gray matter volumes (GMV)s of brain regions corresponding to the right caudal middle frontal gyrus (CMFG) and rostral anterior cingulate cortex (rACC).
Objectives: We hypothesize that greater ARI will be associated with reduced right posterior CMFG and rACC GMVs.
Methods: Data were collected at baseline as part of the North American Prodrome Longitudinal Study. Counties where participants resided during childhood were geographically coded using the US Censuses to area-level factors. ARI was defined as the percentage of residents living in a different house five years ago. Generalized linear mixed models tested associations between ARI and GMVs.
Results: This study included 29 HC and 64 CHR-P individuals who were aged 12 to 24 years, had remained in their baseline residential area, and had magnetic resonance imaging scans. ARI was associated with reduced right CMFG (adjusted β = -0.258; 95% CI = -0.502 – -0.015) and right rACC volumes (adjusted β = -0.318; 95% CI = -0.612 – -0.023). The interaction terms (ARI X diagnostic group) in the prediction of both brain regions were not significant, indicating that the relationships between ARI and regional brain volumes held for both CHR-P and HCs.
Conclusions: Like urban upbringing, ARI may be an important social environmental characteristic that adversely impacts brain regions related to schizophrenia.

Disclosure: No significant relationships.
Keywords: clinical high risk for psychosis; grey matter volume; residential instability; area-level factors

EPV1401

A case report of inhibition and severe desnutrition: negative symptoms in resistant schizophrenia

P. Coucheiro Limeres[1]*, B. Díez Valle[2], A. Cerame[1], C. Lozano Serrano[1] and E. Navas Collado[1]

[1]Hospital Universitario José Germain, Psychiatry Department, Leganés, Spain and [2]Hospital Severo Ochoa, Psychiatry, Leganés, Spain
*Corresponding author.
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Introduction: The appearance of inhibitory symptoms encompassed in what are known as negative symptoms is part of the usual symptoms of schizophrenia. Sometimes this inhibition reaches a significant severity, so it is essential to know its approach.
Objectives: Case report and literature review regarding the treatment of resistant schizophrenia with a predominance of negative symptoms
Methods: We present the clinical case of a 28-year-old man diagnosed with schizophrenia at 23 years old, whose onset was characterized by delusional ideas of harm (poisoning) and delusions with a mystic-religious theme that lead him to reduce his intake until requiring a first admission for severe desnutrition. Subsequently, after two more admissions, the patient presents selective reduction in food intake, decrease in daily activity and apathy without positive symptoms.
Results: Throughout the treatment, several lines of antipsychotic treatments have been tried at the maximum tolerated dose (haloperidol, oral paliperidone and depot, aripiprazole and clozapine up to a dose of 600 mg). Clozapine resistance required testing various augmentation strategies (Venlafaxine, Lamotrigine and Electroconvulsive therapy) with low results. Finally, to complement the treatment, the patient was transferred to a mid-stay unit where psychosocial treatment with a multidisciplinary approach was started. This has allowed more continuous follow-up and thus a partial improvement of the clinic.
Conclusions: Numerous studies describe numerous augmentation strategies for clozapine-resistant schizophrenia with negative symptoms. However, the results are still inconclusive, needing

more research. Meanwhile, we want to highlight the importance of complementing the treatment with psychosocial approaches.

Disclosure: No significant relationships.
Keywords: desnutrition; negative symptoms; resistant schizophrenia

EPV1403

Thyroid psychosis: a case report

A. Izquierdo De La Puente[1]*, P. Del Sol Calderón[2] and M. Garcia Moreno[1]

[1]HOSPITAL UNIVERSITARIO PUERTA DE HIERRO MAJADAHONDA, Psychiatry, MADRID, Spain and [2]Hospital Universitario Puerta de Hierro, Psiquiatría Infanto-juvenil, Madrid, Spain
*Corresponding author.
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Introduction: We present the case of a patient who after a year of psychotic symptoms is diagnosed with thyroid cancer with hyperthyroidism.
Objectives: A brief review is made of the psychotic symptoms in a patient with hyperthyroidism secondary to cancer of the gland.
Methods: We present the case of a 52-year-old patient, a former injecting drug addict, who after a year with psychotic symptoms, is diagnosed with thyroid cancer with hyperthyroidism. The patient reported that a year ago, he suddenly had a painless and indurated lump in his neck, associated with weight loss and confusional symptoms. One month after the appearance of the tumor, the patient began to present visual, kinesthetic and haptic hallucinations, with the sensation that supernatural beings were passing through and possessing him. Likewise, he referred to being able to see and feel the atoms of matter, being able to communicate with a superior being whom he called "creator".
Results: The patient is admitted for psychotic symptoms. During it, the necessary complementary tests are carried out, objectifying a clinical situation of hyperthyroidism. The study is extended, observing a hyperfunctioning nodule, which corresponded to thyroid cancer.
Conclusions: Neuropsychiatric symptoms in hyperthyroidism are relatively common. In most cases, the most frequent are cognitive alterations, attention problems and working memory problems. It can also lead to depressive episodes, and more rarely, psychotic symptoms.

Disclosure: No significant relationships.
Keywords: Psychosis; Thyroid

EPV1404

Schizophrenia and Multiple Sclerosis: Common pathways, common risk-factors

H. Jemli[1]*, U. Ouali[2], S. Madouri[2], A. Aissa[2] and R. Jomli[2]

[1]university of tunis elmanar, Faculty Of Medicine Of Tunis, manouba, Tunisia and [2]Razi Hospital, Psychiatry A, manouba, Tunisia
*Corresponding author.
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Introduction: Schizophrenia (SCZ) is a severe mental disorder that is among the leading causes of disability worldwide. Multiple sclerosis (MS) is a chronic inflammatory neurological disease with a major impact on the quality of life of young adults. Despite the distinct nature of these two disorders, research studies have identified similarities in underlying pathological mechanisms and risk factors.
Objectives: To illustrate, through a case report, the central role of inflammation in schizophrenia and its relationship with multiple sclerosis.
Methods: Case Report of a 31-year-old male patient with schizophrenia who has been diagnosed with multiple sclerosis.
Results: Mr M. is a 31 year old patient who was diagnosed with schizophrenia at age 17. Between the ages of 25 and 27, the patient had two severe psychotic relapses each one requiring inpatient treatment. At that time, he experienced predominantly severe positive symptoms and persistent suicidality. He was initially prescribed amisulpride up to 600mg, followed by haloperidol up to 45mg daily. Due to poor clinical response, the patient was put on clozapine 400mg/d and has been stabilized since 2017, with outpatient checkups. The patient has reported vertigo and trouble walking in August 2021. He has been referred to the Neurology Department. Clinical, biological and imaging findings were highly suggestive of Multiple sclerosis and the patient has received short courses of intravenous corticosteroids.
Conclusions: This case report highlights the possible association between Multiple Sclerosis and schizophrenia. Further research is needed to clarify the role of inflammation in the central nervous system in schizophrenia and the overlap with Multiple Sclerosis.

Disclosure: No significant relationships.
Keywords: inflammation; multiple sclerosis; resistance; schizophrénia

EPV1406

Efficacy and tolerability Aripiprazole once-monthly long-acting injectable in schizophrenia. Two-injection start regimen

S.L. Romero Guillena[1]*, B.O. Plasencia Garcia De Diego[2], F. Gotor Sanchez-Luengo[2] and J. Gómez González[1]

[1]UGC Salud Mental Virgen Macarena,, Psychiatry, seville, Spain and [2]Virgen del Rocio Hospital, Psychiatry, Seville, Spain
*Corresponding author.
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Introduction: Aripiprazole once-monthly is a long-acting intramuscular injectable formulation of aripiprazole. The starting dose can be administered by following one of two regimens: • One injection start: On the day of initiation, administer one injection of 400 mg Aripiprazole once monthly and continue treatment with 10 mg to 20 mg oral aripiprazole per day for 14 consecutive days • Two injection start (New regimen): On the day of initiation, administer two separate injections of 400 mg Aripiprazole once monthly at separate injection sites, along with one 20 mg dose of oral aripiprazole.
Objectives: To assess the effectiveness and tolerability of Aripiprazole long-acting injectable (ALAI) in patients with schizophrenia. The starting dose was administered following the two injection start regimen
Methods: Sample:10 patients with schizophrenia (DSM 5 criteria) who started treatment with ALAI. The starting dose was administered following the two injection start regimen. On a tri-monthly