Conclusions: The present results suggest that anodal tDCS over the left DLPFC may be effective in alleviating negative symptoms, reducing general psychopathology severity, and acutely enhancing complex attention functions and working memory in recent-onset SZ.

Disclosure of Interest: None Declared

EPV1086

Neuropsychiatric manifestations of Brain Sagging Syndrome. Case report and Literature review

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Introduction: The presentation of psychotic symptoms in adults requires a global medical assessment, especially in cases of atypical presentations or if warning signs are present. The presence of cognitive symptoms and behavioral changes requires screening for various neurological diseases.
Objectives: Underline the importance of neurological evaluation in atypical psychotic conditions with cognitive and behavioral symptoms. Describe Brain Sagging Dementia as a possible etiology of these conditions.
Methods: Presentation of clinical case and bibliographic review.
Results: The clinical case of a 59-year-old female patient brought to the emergency department for psychiatric evaluation due to behavioral alterations is described. During the evaluation, paranoid symptoms were detected, with marked suspicion towards her family, which led to her admission for psychiatric hospitalization. During observation, the clinical history was completed, revealing marked changes in behavior, apathy, perseveration, and decreased functionality for more than five years. Neuropsychological tests were performed, where cognitive and visuospatial alterations were evident. A consultation with the neurology service was requested, who initially considered the diagnosis of behavioral-variant frontotemporal dementia.
Given the history of orthostatic headaches secondary to cerebrospinal fluid hypotension due to a dorsal fistula, a new brain MRI was performed, which found evidence of cerebrospinal fluid hypotension without frontotemporal atrophy. Given all the clinical and radiological findings, a possible diagnosis of Brain Sagging Dementia was considered.
Brain Sagging Dementia is a rare syndrome caused by spontaneous intracranial hypotension (SIH), which mimics the behavioral clinical findings of frontotemporal dementia (bvFTD), excluding it due to the absence of frontotemporal atrophy. It is insidious in nature, with gradual cognitive and behavioral alterations.
The first-line treatment is an epidural blood patch, with partial resolution of symptoms in up to 81% of cases and complete resolution in up to 67%.
In this case presented, the patient is awaiting evaluation by neurosurgery.
Conclusions: In case of suspected neurological origin of psychiatric symptoms, a complete evaluation is essential with special attention to potentially reversible causes.
It is important to keep in mind the neuropsychiatric manifestations that can occur in dementia and other neurology conditions, to avoid delaying a correct diagnosis. These include behavioral alterations, psychotic symptoms, eating disorders, as well as affective disorders ranging from apathy and depression to expansiveness with signs of disinhibition.
Brain sagging dementia is a reversible condition with symptoms of bvFTD, whose early diagnosis and treatment significantly improve the medical prognosis.

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Impact of Cannabis Use on Overall Brain Volume in first episode psychosis Patients

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Introduction: Neuroimaging studies show that schizophrenia is linked to reduced grey and white matter volumes and increased cerebrospinal fluid. Cannabis use, a widely known risk factor for psychosis, is associated with poorer clinical outcomes, although the mechanisms underlying this association remain unknown.
Objectives: This study aims to explore the effect of cannabis use on brain volumes in individuals with a first episode of psychosis, comparing users and non-users.
Methods: A cross-sectional study with 207 participants was conducted at the Cantabria Early Psychosis Intervention Program (ITPCan) in Santander, Spain, from January 2020 to July 2024. Clinical, sociodemographic, and cannabis use data were collected. Structural magnetic resonance imaging (sMRI) scans were obtained using a Philips 3.0T MRI machine with T1-weighted sequences. Voxel-based morphometry (VBM) analysis was conducted using the CAT12 toolbox to assess relative volume measures of white matter (WM), gray matter (GM), and cerebrospinal fluid (CSF), accounting for individual differences.Statistical analyses were performed by SPSS 23.0, with a significance of 0.05, including mean comparisons and multivariate analysis of covariance controlling for age, sex, and educational level.
Results: Out of the total sample, 106 patients underwent sMRI, including 44 men and 62 women, with an average age of 36.9 years. In terms of education, 47.2% had achieved basic level, while 52.8% had higher education. Regarding cannabis-related variables, 28 participants (26.5%) were identified as users; the average age of initiation was 17.1 years, with consumption occurring around 6.5 days per week and 6. 7 joints per day.
Non-user group showed slightly higher mean CSF and WM volumes compared to users (CSF=18.65 vs. 17.56; WM=36.49 vs.35.99), but these differences did not reach statistical significance ($p= 0.154$; $p = 0.265$). In contrast, cannabis users showed a significantly greater relative mean GM volume (46.37 vs. 45.12, $p = 0.037$).