

in earlier phases of disease, such as in prodromal psychosis and first episode psychosis, because these are related to irreversible grey matter loss which causes cognitive decline.

Conclusions: Immune dysregulation may have an important etiological role in schizophrenia.

Hence, specific therapeutic approaches targeting the immune system may lead to new ways of treating and even preventing psychotic disorders.

Further investigation is necessary in order to provide more information on how aberrant antibody and cytokine production interferes with neuronal function and how it is expressed at the clinical level.

Disclosure of Interest: None Declared

EPV0954

Comorbid Obsessive-Compulsive Symptoms in Schizophrenia - Diagnostic and Treatment Challenges

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Introduction: The comorbidity between Schizophrenia and Obsessive-Compulsive Symptoms represents almost 25% of schizophrenic patients and it is believed that almost 12% match the diagnostic criteria for Obsessive-Compulsive Disorder. Some second-generation antipsychotics may worsen or even induce those symptoms, which makes the treatment of these patients a difficult challenge.

Objectives: To assess the link between Schizophrenia and Obsessive-Compulsive Symptoms, to discuss the diagnostic challenges and treatment options. To present a clinical case report of a schizophrenic patient with Obsessive-Compulsive Symptoms, which improved with proper treatment.

Methods: We performed a non-systematic review of the existent literature with the keywords “Schizophrenia” and “Obsessive-Compulsive Symptoms”. Description of a clinical case report.

Results: We present the case report of a male, 21 years old, single, diagnosed with Schizophrenia. In the past year, he was admitted twice in a psychiatric ward for persecutory and mystic delusions, which lead him to erratic behaviour. Since his adolescence he manifested repeated washing and compulsive cleaning associated with the fear of being contaminated with multiple diseases. Those compulsions worsened when he started being treated with antipsychotics. However, with therapeutic adjustments and with the introduction of an antidepressant we were able to control those symptoms.

Conclusions: Some antipsychotics may induce or even aggravate Obsessive-Compulsive Symptoms in psychotic patients. It is of extreme relevance to differentiate those symptoms as comorbid in Schizophrenia or if they existed prior to the first positive symptoms, since they can be representative of an Obsessive-Compulsive Disorder. Understanding this diagnostic and treatment complexity enables us to be more familiar with the development of Obsessive-Compulsive Symptoms in schizophrenic patients.

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Clozapine in First Episode Psychosis: The best is delayed

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Introduction: Only two out of three patients diagnosed with First Episode Psychosis (FEP) achieve symptom remission after the administration of two different antipsychotics, illustrating the high prevalence of treatment-resistance in FEP. Of those, 84% are treatment-resistant since illness onset. Response to initial treatment is one of the main long-term illness course predictors. The only medication approved for treatment-resistant psychosis is clozapine and studies have demonstrated its superior antipsychotic effect among this drug class.

Objectives: The aims of this communication are to describe a clinical case of FEP with symptom remission achieved only with clozapine and to review the literature regarding the pattern of clozapine use in FEP, the main difficulties of implementing it and its impact on the prognosis of these patients.

Methods: Relevant data from the patient's medical record were collected. Pubmed database was searched using the terms “clozapine” and “first episode psychosis”.

Results: A 50 year old woman without previous contact with psychiatric services was taken to the emergency room following behavioural disorganisation and heteroaggressive conduct. Poisoning and referential delusions, as well as alienation of personal action and elementary auditory hallucinations were found and the patient was admitted in the psychiatric unit. She began treatment with Aripiprazole without therapeutic benefit and a switch to Paliperidone was made, with the same result. Clozapine was then titrated to a dose of 100mg/day, with resolution of all the positive symptoms mentioned above and she acquired total insight to the disease and need for treatment, being discharged with a diagnosis of schizophrenia. 9 articles, all from 2017 onwards, were collected from the Pubmed database.

Conclusions: There's reluctance in prescribing clozapine in treatment-resistant FEP. This is evidenced by the mean number of antipsychotic prescribed before clozapine - 2.74 to 4.85 - as well as the delay on its prescription - 294 to 2447 days - and its prescription to only 16% in a cohort of patients with FEP. The main reasons for this hesitation are the serious, albeit rare, side-effects, such as agranulocytosis and myocarditis, as well as the difficulty in implementing it in community services, with mandatory weekly blood tests and very slow titration of the drug and treatment compliance issues, making it a very resource-consuming drug. However, in that same cohort, there was a significant reduction of the number of admissions, re-admissions and duration of hospitalisation, highlighting the need for earlier consideration in treatment-resistant FEP. The identification of treatment-resistance should then be proactive by the mental-health services, ensuring an earlier clozapine initiation with the goal of greatly improving the prognosis of these patients

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