

neglected his personal hygiene, and verbalizes thoughts of death. He shows poor functioning, slowed thinking and lack of energy.

His mother reports that he has had self-aggressive behaviors, such as hitting his face and eating his faeces. Sensory and perceptual disturbances are not excluded. Given the current depressive affective state and risk of committing suicide, it is decided to admit him to the hospital and to start treatment with fluoxetine.

A few weeks after hospital discharge, he continues with poor functioning and isolation, but his mood is better and his thoughts of death have disappeared.

**Conclusions:** Although clear differentiation between depressive and psychotic symptomatology has been classically described, both symptoms are often associated. Affective symptoms can be part of different stages of the disease, secondary to medication, due to insight phenomena or part of schizoaffective disorder and psychotic depressions.

Depressive symptomatology can also be confused with the presentation of negative symptoms. They both share clinical manifestations such as anergy, social isolation and lack of interest; but while in depression there is a sad mood, in negative symptoms there is emotional flattening. Also, positive symptomatology can simulate social withdrawal, usually seen in depression.

Depression in an acute phase has historically been related to a better prognosis, although several studies indicate that depression in a chronic phase causes a higher risk of suicide and relapses. Therefore, early diagnosis and treatment are essential.

In our case, the patient suffers from major affective symptoms regarding his life situation, which may be overlapped by isolation due to a likely positive symptomatology, without dismissing possible negative symptomatology as a result of many years of evolution of his disease.

**Disclosure of Interest:** None Declared

## EPV1799

### Ekbom Syndrome: A case report and literature review

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doi: 10.1192/j.eurpsy.2025.2234

**Introduction:** Ekbom's syndrome is a clinical term for delusional parasitosis, a condition characterized by the belief that one's skin is infested by invisible parasites. Delusional infestation is a rare psychiatric disorder, is more common in the elderly, particularly in postmenopausal females. Psychiatric interventions are usually rejected by these patients and long-term treatments are frequently abandoned, they usually seek care from dermatologists. It is advocated to form a liaison between dermatology and psychiatry to ensure a full range of differential diagnoses, in order to form the most suitable management plan.

**Objectives:** The objective of this case is to illustrate the severity of Ekbom's syndrome, providing detailed clinical information and highlighting the challenges in treatment.

**Methods:** The following patient will be presented, doing a thorough systematic bibliographic review.

**Results:** A 54-year-old female patient describes a clinical history of three years of visual hallucinations and generalized pruritus since a family weekend at a countryside house. She reported that, for the past three years, she has experienced itching all over her body and has occasionally seen "bugs" on her body that she believes to be fleas. She mentioned having been diagnosed with "scabies" and "seborrheic dermatitis". Despite these diagnoses, her father noted that for the past year, the patient has been extremely anxious, spending hours examining her hair and skin, washing repeatedly, and searching for "bugs." In recent weeks, she refused to eat. Throughout her stay in the unit attended therapy regularly, and participated actively. A psychopharmacological adjustment was made, starting with Abilify at 15 mg/day, which was well-tolerated and effective. A dermatology consult ruled out dermatological pathology. Over the days, a reduction in anxiety and partial improvement in somatic complaints were observed. As the patient's condition improved, she committed to continuing with the treatment and attending mental health team consultations with her referring psychiatrist.

**Conclusions:** Delusional infestation is a serious and uncommon disorder that endangers the patients and the people around them, and can be complicated with secondary somatic complications, often requiring involvement of different medical specialists. The treatment is long and complicated, the effectiveness of pimozide, aripiprazole or risperidone for the Ekbom syndrome has been documented in the literature. In our case, we decided to introduce aripiprazole. The management of these patients requires a multidisciplinary approach between dermatologists and psychiatrists, as they often refuse treatment. Consultation and collaboration between both specialties are essential to ensure timely referral. Additionally, it is crucial for general physicians to have greater awareness of these conditions, perform early recognition, maintain good rapport with patients, and provide empathetic treatment.

**Disclosure of Interest:** None Declared

## EPV1800

### Brief Episodes, Lasting Impact: A Case Series on Acute and Transient Psychotic Disorder

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doi: 10.1192/j.eurpsy.2025.2235

**Introduction:** Psychotic disorders with acute onset and remitting course have been described by 19th and 20th-century European psychiatrists under various terms, such as "amentia," "cycloid psychosis," "bouffée délirante". In modern taxonomy, brief psychotic episodes are classified as "acute and transient psychotic disorder" (ATPD) in ICD-11 and "brief psychotic disorder" in DSM-5. The lack of continuity between earlier nosological concepts and current descriptive categories, along with frequent changes in definitions across DSM and ICD versions, has hindered empirical research, limiting our understanding of these conditions. As a result, ATPDs have been marginalized in textbooks and training programs, leading to a lack of evidence-based treatments, despite their clinical relevance. Our work aims to renew interest in these "forgotten" disorders.

**Objectives:** To examine the epidemiological and clinical aspects of ATPDs through the description of clinical cases.

**Methods:** We selected a convenience sample of 8 patients with a first diagnosis of ATPD (F23, ICD-10), currently or previously treated at Unidade Local de Saúde Amadora/Sintra. Data was collected from electronic health records, including demographic information, clinical presentation, treatment, and disease course. Additionally, we conducted a non-systematic literature review.

**Results:** The sample consisted of 6 females and 2 males, with a median age at diagnosis of 44.5 years (min=24, max=64). Fifty percent (n=4) were migrants, with 25% (n=2) coming from lower-middle- and low-income countries. Sixty-two point five percent (n=5) received inpatient care (mean stay of 8.6 days). Most patients (87.5%, n=7) were treated with dopamine D2 receptor antagonists/partial agonists, risperidone being the most common (n=4); one patient achieved spontaneous remission. All patients had a sudden onset of symptoms; the clinical picture was primarily marked by delusions, hallucinations, confusion, psychomotor abnormalities (including catatonia signs) and mood disturbances (mainly anxiety). The mean duration of the episode was 23.2 days. All patients fully remitted and returned to their premorbid functional status. Sixty-two point five percent (n=5) experienced a second episode after a mean of 33.2 months, and 25% (n=2) had a change in diagnosis (bipolar disorder and unspecified psychosis).

**Conclusions:** Despite the small sample and follow-up variability, our findings highlight ATPDs' clinical heterogeneity and high recurrence rates. A renewed research effort is necessary to refine diagnostic criteria and investigate treatment responses, risk factors, and long-term prognosis of this disorder, in order to improve therapeutic strategies and patient outcomes in clinical practice.

**Disclosure of Interest:** None Declared

## EPV1801

### Beyond clozapine – what options do we have in clozapine resistant schizophrenia?

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doi: 10.1192/j.eurpsy.2025.2236

**Introduction:** Schizophrenia is one of the most disabling mental disorders, affecting around 1% of the population. Although most patients respond to antipsychotic treatment, one third have a limited response to antipsychotic medication, being considered treatment resistant schizophrenia (TRS). Clozapine is the only effective medication for TRS, but 30-40% of TRS patients do not respond to it. Patients with schizophrenia who do not respond to clozapine experience more severe disability, persistent symptoms, a lower quality of life and incur higher economic costs compared to those who respond to treatment.

**Objectives:** The aim of the present study is to review evidence for therapeutic strategies for patients with treatment-resistant schizophrenia not responding to clozapine.

**Methods:** Review of the literature regarding treatment-resistant schizophrenia not responding to clozapine. The research was carried out through the PubMed® database, using the terms “treatment resistant schizophrenia”, “schizophrenia resistant to clozapine” and “clozapine augmentation”.

**Results:** For patients with treatment-resistant schizophrenia who do not respond to clozapine, several therapeutic strategies have

been explored. These include pharmacological approaches, non-pharmacological interventions and brain stimulation procedures [Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS)]. However, the evidence is weak and the reported benefits were modest.

**Conclusions:** The current evidence is weak for efficacy of pharmacological augmentation strategies to clozapine. There are contradictory data regarding ECT and clozapine augmentation. More studies are necessary to clarify the potential of these strategies in order to manage these complex patients.

**Disclosure of Interest:** None Declared

## EPV1802

### Time to the first relapse after the transcranial magnetic stimulation with H7-coil in patients with predominant negative symptoms of schizophrenia; A randomized, sham controlled trial

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doi: 10.1192/j.eurpsy.2025.2237

**Introduction:** Patients with predominant negative symptoms of schizophrenia experience severe functional impairment and limited response to pharmacological treatments. Transcranial magnetic stimulation (TMS) has shown potential for treating negative symptoms, but its impact on long-term outcomes, such as time to relapse, remains underexplored.

**Objectives:** This study aimed to determine whether TMS with an H7-coil prolongs time to first relapse compared to sham stimulation in patients with low positive symptomatology and predominant negative symptoms.

**Methods:** This study was a randomized, sham-controlled trial at the Psychiatric Clinic Sveti Ivan, Zagreb, Croatia. The target population were patients with PANSS negative symptoms score > 24 and PANSS positive symptoms score < 20, on stable pharmacotherapy for at least three months. The intervention group received high-frequency TMS with an H7-coil, while the control group received sham stimulation, both applied once daily for 20 sessions over four weeks. The outcome was time to first psychiatric relapse, defined as psychiatric rehospitalization. Kaplan-Meier survival curves, log-rank tests, and Cox proportional hazards models were used for statistical comparisons.

**Results:** A total of 76 outpatients with schizophrenia, aged 18-55 were included; 33% were women. Over the 12-month follow-up, 29% in the H7 group and 24% in the sham group experienced a relapse. The median time to relapse was not reached in either group. The hazard ratio (HR) for relapse in the H7 group relative to sham was 0.82 (95% CI 0.34; 1.97), suggesting no significant effect of TMS on delaying relapse. Adjusted Cox regression model for age, gender, baseline severity of negative and positive symptoms, pharmacotherapy, and number of prior hospitalizations showed similar results (HR = 0.85, 95% CI 0.30; 2.46, p = 0.769). Significant predictors of relapse were baseline severity of negative symptoms (HR = 0.88, 95% CI 0.79; 0.99, p = 0.026) and the number of prior hospitalizations (HR = 1.81, 95% CI 1.16; 2.82, p = 0.009).