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EPV1379

Ultra-treatment-resistant Schizophrenia. A case report

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Introduction: Despite the efficacy of antipsychotics, up to about 30% of schizophrenia patients do not respond adequately to treatment and are called treatment-resistant schizophrenia (TRS) patients. The treatment of choice in these patients is clozapine, which is used last due to the adverse effects it can cause. However, it has been shown that half of TRSs are also resistant to clozapine, leading to ultra-resistant schizophrenia.

Objectives: We present a clinical case corresponding to a 33-year-old man, single, residing in a community residence, undergoing psychiatric follow-up from the age of 7, receiving during this period the diagnoses of schizotypal personality disorder and paranoid schizophrenia.

Methods: As of 2015, he began to make autolytic attempts, the last being this year, 2021. Moment in which he manifests for the first time presenting imperative, sporadic auditory pseudo-hallucinations, which incite self-harm. These sensory-perceptual alterations appeared from 2015, together with the worsening of the negative symptoms.

Results: The patient has been treated with numerous antipsychotics, without complete remission, so since 2019 treatment with Clozapine 200mg was started. As the symptoms did not subside, the dose was increased to 400mg, at which point some of its side effects began to appear; urinary incontinence, sedation, sexual impotence ... so the patient abandoned the treatment, suffering a relapse of his mental pathology.

Conclusions: Despite the arrival of atypical antipsychotics, it remains a challenge that there is a complete remission of symptoms in some patients with schizophrenia, for which we consider that psychopharmacological research in this group of patients is of the utmost importance.

Disclosure: No significant relationships.

Keywords: schizophrenia; treatment resistant; refractory schizophrenia; Antipsychotics

EPV1382

Hormonal alterations due to antipsychotic-related hyperprolactinemia

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Introduction: The use of antipsychotics (APS) is essential. Despite their great efficacy, some of them are associated with an increase in prolactin levels that can lead to hormonal changes needing to be identified and managed [1,2,3]. Hormonal changes use to have clinical implications including hypogonadism, infertility and sexual dysfunction

Objectives: To evaluate possible hormonal alterations and some clinical implications produced by hyperprolactinemia (HPRL) derived from the use of some antipsychotic compounds.

Methods: A complete fasting blood test was performed on a sample of 113 subjects (69 men and 44 women). 54% (n = 61) showed a normal prolactin level and 46% (n = 52) showed hyperprolactinaemia (>50ng / ml). On the global sample, 39.8% (n = 45) was treated with some hyperprolactinemic drug, mostly risperidone and paliperidone.

Results: Some differences were found depending on the gender of the subjects. A highly significant inverse relationship between the values of prolactin and testosterone was found in males (p=0.020, r=-0.285). In females, increased prolactin level was significantly related to decreased cortisol values.

Conclusions: Antipsychotic-related Hyperprolactinaemia (mainly risperidone and paliperidone) is related with a decrease in testosterone levels in males and with an increase in cortisol levels in females.

Disclosure: No significant relationships.

Keywords: antipsychotic; schizophrenia; prolactin; iatrogenic

EPV1384

Electroconvulsive therapy in treatment resistant schizophrenia: Old beacon of hope when nothing else works

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Introduction: Electroconvulsive therapy (ECT) is one of the oldest psychiatric treatments used to this day. It is particularly useful in cases of schizophrenia resistant to treatment with antipsychotics. 49% of patients with schizophrenia experience little or no response with one trial of antipsychotics, 71% do not achieve remission and up to 20% of patients are also resistant to clozapine.

Objectives: Description of a clinical case where ECT is used in the treatment of resistant schizophrenia and review of the literature.

Methods: Description of a clinical case. Non systematic review of the literature, searching the terms "treatment resistant"; "schizophrenia"; "ect" in the databases Pubmed, Medline, Cochrane and Uptodate.

Results: Male, 38-year-old patient, diagnosed with schizophrenia for 20 years, with history of multiple hospitalizations, institutionalized for 9 years. Treated with risperidone 50 mg intramuscular fortnightly, clozapine 750 mg daily, aripiprazol 30 mg daily and

diazepam 10 mg daily. He presented with increased delusional intensity for a year. Hospitalized for treatment with ECT, submitted to 12 sessions with bitemporal stimuli, with effective convulsions. MoCA, PANSS and BPRS were applied before and after treatment, with an increase of 25% in MoCA and a decrease of 47.3% and 57.9% respectively, in the psychotic symptoms scales.

Conclusions: We present a case of schizophrenia resistant to treatment with multiple antipsychotics, including clozapine. ECT was used, with clinically demonstrated efficacy. In the future, it might be interesting to study in detail the mechanism of action of this treatment with the goal of deepening the knowledge of the neurobiology of schizophrenia.

Disclosure: No significant relationships.

Keywords: treatment resistant; schizophrenia; ECT

EPV1385

A case report of de novo psychosis after epilepsy surgery

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Introduction: Epilepsy is a common and severe neurologic condition, with a high prevalence of psychiatric comorbidity. Epilepsy surgery has been used for its treatment, resulting in remission or significant reduction of crisis. An improvement of previously existing psychopathology has been more frequently described, however its exacerbation or *de novo* psychopathology post-surgery has also been reported. The prevalence rate for post-surgery psychosis is 1.1%. There are no clear risk factors associated to this condition, or a proposed pathological mechanism. However, most cases described in the literature are of patients submitted to temporal lobectomy.

Objectives: Description of a clinical case of a first-episode psychosis post-epilepsy surgery and review of the literature.

Methods: Description of a clinical case. Non systematic review of the literature, searching the terms “psychiatric”; “psychosis”; “epilepsy surgery” in the databases Pubmed, Medline and Cochrane.

Results: Male, 29-year-old patient, diagnosed with refractory temporal lobe epilepsy. Neuropsychiatric history of mixed adaptation disorder, treated with escitalopram 10 mg daily. Submitted to anterior temporal lobectomy with no complications. On the 6th day post-surgery, he developed persecutory and self-referent delusions. There's no evidence of other causal factors. Treated with paliperidone 3 mg daily with symptom remission after one week. The diagnosis of brief psychotic disorder was made.

Conclusions: We present a case of a *de novo* psychotic disorder, a rare complication of epilepsy surgery. In the future, it might be interesting to study this association in detail, with the goal of deepening the knowledge of the neurobiology of psychosis, particularly the involvement of temporal circuits.

Disclosure: No significant relationships.

Keywords: epilepsy surgery; epilepsy; Psychosis; brief psychotic disorder

EPV1386

Variation in cognitive insight processes between schizophrenia and bipolar disorder in a Tunisian population

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Introduction: Cognitive insight is a relatively recent concept referring to the ability, not only to reassess unusual experiences objectively after corrective feedback but also to distance oneself from them and it seems to be specifically altered in schizophrenia. Yet, despite its importance in the understanding of psychotic symptoms, this process has never been studied in the North African population.

Objectives: Therefore, this paper aims to compare cognitive insight performances between two Tunisian psychiatric populations and to explore its relationship with other cognitive processes.

Methods: The study population comprised 17 participants with schizophrenia, 9 with bipolar disorder, and 30 healthy controls. The groups were paired for age, education level, and socioeconomic status. We assessed depression, global executive functioning, verbal episodic memory, metamemory (online and offline), and cognitive insight. The latter was evaluated by the Beck Cognitive Insight Scale.

Results: The results showed that, compared to the other groups, participants with schizophrenia obtained a lower self-reflectiveness score and a higher self-certainty score, resulting in a significantly lower composite index. These findings seem to indicate the alteration of cognitive insight in schizophrenia. However, no significant differences were found between the other two groups. Moreover, correlational analyses showed that cognitive insight components were only associated with metamemory indices which proved to be the best predictors of this ability, along with the global executive score.

Conclusions: In conclusion, our data seems to corroborate the international literature reporting a cognitive insight deficit in schizophrenia. However, further research is needed in order to better understand the specific processes underlying this metacognitive function.

Disclosure: No significant relationships.

Keywords: schizophrenia; cognitive insight; Tunisian population; bipolar disorder

EPV1387

Multifamily therapy in first episodes of psychosis: a pilot study

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Introduction: Multifamily interventions have shown to reduce the risk of relapse of psychotic symptoms in first episodes of psychosis (FEPs) but are not frequently implemented in specific treatment