

Conclusions: According to our results, the ability to interpret courtship signals does not differ significantly between patients and controls. However, male patients tend to overestimate women's sexual interest on average, which may be one of the reasons why they face challenges in intimate relationships. Further research is needed to explore this.

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Antipsychotic treatment for epilepsy-related psychosis: hope from a newcomer

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Introduction: Psychosis has long been known to have an association with epilepsy. Slater's 1963 descriptive case series provided the first modern definition of epilepsy-related psychosis, described as psychotic symptoms developing after the onset of epilepsy and occurring in clear consciousness, not exclusively during or right after a seizure. Up to 7% of individuals with epilepsy have a co-morbid psychotic illness. Consensus guidelines by the International League of Epilepsy recommend treating epilepsy-related psychosis similarly to other categories of psychosis. Despite the widespread consensus that the prescription of an antipsychotic is possible without risk in an epileptic patient treated with AEDs, there have always been special considerations about prescribing antipsychotics for seizure-related psychosis. Furthermore, a review article by Adachi et al. specifically warns that concerns regarding seizure threshold can lead to the undertreatment of this particular type of psychosis.

Objectives: Case report.

Methods: Case report.

Results: Case presentation: Our patient has generalized epilepsy, with several incomes due to generalized tonic-clonic seizure and mild diffuse encephalopathy since childhood. By the age of 15 years, he started developing suspicion, self-reference, persecutory and damage delusions, visual hallucinations and episodes of aggressiveness towards people surrounding him. He had been treated with multiple antiepileptics and antipsychotics drugs, without achieving a long-term stabilisation until now. While the seizures were controlled in his early ages; ever since the onset of the psychosis both the psychotic symptoms and the seizures got impossible to handle, mainly because of his lack of tolerance to almost every antipsychotic used. Our primary hypothesis is that these antipsychotics lowered the seizure threshold, triggering new episodes of tonic-clonic seizures and arousing the patient's desire of abandon the treatment -the latter has been confirmed by the patient-. At this point, we considered the recently released brexpiprazol as a potentially efficient treatment. After a proper explanation of our clinical reasons to prescribe this new drug, especially its unique pharmacodynamics, we acquired the patient's consent to start with it. So far, the response is being excellent, which is particularly impressive given the fact that he is taking the maximum daily dose of brexpiprazol (4mg). Not only the psychotic symptoms are restrained, but also he has not experienced any seizure since the introduction. As a key

outcome, the patient has developed a significant insight regarding his condition and the need of treatment.

Conclusions: The treatment of epilepsy-related psychosis is a really delicate subject. Brexpiprazol is a modern drug, with an innovative pharmacodynamics and an excellent side-effect profile, and should be taken into consideration in every patient with seizure-related psychosis.

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Case Report: A Rare Case Example Of Charles Bonnet Syndrome

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Introduction: Charles Bonnet syndrome, first described by Charles Bonnet in 1760, is characterized by visual hallucinations in cognitively normal patients who are typically elderly and often visually impaired.

Objectives: This case has been evaluated as a typical Charles Bonnet syndrome characterized by multisensory hallucinations (visual, auditory, olfactory hallucinations) observed in a patient with NF-2 diagnosis. In this respect, this case analysis might make an important contribution to the literature, as it might expand the understanding of CBS in the context of complex neurological disorders. Consideration must be put into the possibility of associating the patients' multisensory hallucinations with organic pathology due to the presence of occipital and temporal meningiomas.

Methods: In this section, data obtained from our own case will be included. Additionally, a literature review was conducted using PubMed, restricting the search to studies published between 2014 and 2024. The search term "Charles Bonnet Syndrome" was used to identify relevant articles. Furthermore, a detailed anamnesis of the disease process was obtained from the patient's mother.

Results: A 31-year-old female first presented to our psychiatry outpatient clinic in July 2024, with her relative reporting a diagnosis of neurofibromatosis type 2. It was documented that the patient underwent surgery in November for diffuse meningiomas (both supra- and infratentorial, involving the temporal and occipital regions). Also, the patient experienced total hearing loss due to vestibular schwannomas in the right region and suffered from visual loss during the pre-operating period. She reported a distressing increase in the acute perception of the smell and taste of food and beverages. Her first psychiatric examination was conducted postoperatively. Olanzapine 2.5mg/day was commenced as a treatment for relative auditory and olfactory hallucinations, and the dose of the drug was gradually increased to 10mg/day. The final examination was conducted on August 26, 2024. According to reports from the patient's relatives, there was a noted decrease in the frequency and intensity of the hallucinations. Throughout the medical examinations, communication with the patient was partially facilitated using tactile cues.