

## EPV1328

**Therapeutic challenge in delusional disorder: a case report and literature review**

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doi: 10.1192/j.eurpsy.2022.1979

**Introduction:** Delusional disorder (DD) is defined by the presence of one or more delusions, of at least one month's duration, in the absence of prominent hallucinations or other symptoms of schizophrenia. Although functioning may not be markedly impaired, the delusion(s) or its ramifications may have a significant impact in the patient's life. With a life-time prevalence of 0.18%, DD is still neglected in terms of approved treatment recommendations.

**Objectives:** We present the case of a patient diagnosed with DD and discuss the treatment of DD according to current evidence.

**Methods:** Relevant clinical information was extracted from the patient's clinical process. A non-systematic review was made in Pubmed database with the terms "Delusional Disorder" and "Treatment".

**Results:** Male, 76 years old, divorced, living alone, autonomous. First admitted at age 62 in our inpatient psychiatry ward for a persecutory delusion regarding his neighbors. He was discharged with the diagnosis of DD and started a follow-up in a mental health community team. He abandoned treatment and psychiatric consultation after 9 years. During 17 years he moved home more than 10 times due to a progressive dynamism of the delusion, leading to recent marked behavior changes towards his neighbors. He is again admitted in our inpatient psychiatry ward.

**Conclusions:** This case illustrates the impact that untreated DD can have on its patients. Although consensus using antipsychotics, there are still insufficient studies to make evidence-based recommendations to treat people with DD. Further research is needed in this sense.

**Disclosure:** No significant relationships.

**Keywords:** Treatment; Psychosis; Delusional disorder; antipsychotic

## EPV1329

**22q11.2 deletion syndrome and psychosis – regarding a clinical case**

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doi: 10.1192/j.eurpsy.2022.1980

**Introduction:** 22q11.2 deletion syndrome is the most common microdeletion syndrome. Its clinical presentation varies and it may present several medical complications, namely heart defects, cleft palate, autoimmune diseases, delayed development, and

psychiatric disorders. In these patients, psychiatric disorders are frequent and may include attention-deficit hyperactivity disorder, anxiety disorders, autism spectrum disorder, and schizophrenia spectrum disorders.

**Objectives:** We aim to characterize psychosis in patients diagnosed with 22q11.2 deletion syndrome, which is one of the most frequent psychiatric presentations.

**Methods:** To introduce the topic of 22q11.2 psychiatric symptoms, we will start by presenting a clinical case. Then, a review of the related literature using the *Pubmed* database using the following expression "22q11.2 deletion syndrome"; "DiGeorge syndrome"; "velocardiofacial syndrome"; "psychosis"; "psychiatric disorders".

**Results:** Patients diagnosed with 22q11.2 deletion syndrome are considered high-risk for psychosis. In this clinical case, we present a 19-year old man diagnosed with 22q11.2 deletion syndrome who was admitted to a psychiatric ward for psychosis. The knowledge of the increased risk for psychosis in these patients should be taken into account in the face of behavioral changes de novo to assure a timely therapeutic approach. Currently, the treatment does not differ from other patients, but this is mainly due to the lack of knowledge on the best therapeutic approach in this specific diagnosis.

**Conclusions:** Genetic syndromes are often associated with psychiatric disorders. Patients diagnosed with 22q11.2 deletion syndrome are at high risk for psychosis and should deserve a multidisciplinary approach so that their diagnosis and treatment are established as early as possible.

**Disclosure:** No significant relationships.

**Keywords:** high-risk psychosis; Psychosis; 22q11.2 deletion syndrome; DiGeorge syndrome

## EPV1330

**Outpatients with psychotic disorders still need physical health-promotion**

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doi: 10.1192/j.eurpsy.2022.1981

**Introduction:** Premature death of people living with non-affective psychotic disorders are related to life-style somatic comorbidities. Current health-promoting treatment and care programs does not target people living with psychotic disorders and therefore prevention and treatment do not embrace the accompanying challenges.

**Objectives:** To identify and explore outpatients with non-affective psychotic disorders who are not offered existing municipal health-promoting treatment and care programs despite having a need.

**Methods:** Two hundred and six eligible outpatients from multiple sites of the Psychiatric Services in the Region of Southern Denmark were invited to participate. At last, 165 outpatients met the criteria