

for the subgroup without «death» and with the topic of death), «Attachment» ($53,25 \pm 10,06$ and $60,25 \pm 7,03$), high «Emotionality» ($48,85 \pm 11,87$ and $56,91 \pm 10,88$). A similar pattern is observed when comparing the subgroups «control without the theme of death» and «control with the theme of death». In the clinical group, it was shown that the topic of death is associated with a higher suicidal risk (the question about the severity of the intention to commit suicide, the average values are $0,30 \pm 0,57$ and $1,16 \pm 1,60$ for the «clinical subgroup without the topic of death» and «clinical subgroup with the topic of death», respectively).

Conclusions: The topic of death in control group indicates a conflict between introversion and social orientation, as well as an inability to control their emotions and impulsive drives and low self-esteem. In the clinical group, almost all of whose subjects differ from the healthy group by increased introversion and emotionality, mentioning the topic of death may be a marker of increased suicidal risk.

Disclosure of Interest: None Declared

EPV1762

Association between Schizophrenia and Violence: The Cage of Psychosis

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Introduction: In Spain, approximately 4% of the prison population suffers from severe mental disorders, with schizophrenia being more prevalent in this group compared to the general population. Although violent behavior is infrequent among individuals with schizophrenia, it holds significant clinical importance. Reoffending rates are low, and crimes are typically less severe. Comorbid substance abuse is also common.

Objectives: This study examines the case of a man with schizophrenia who committed homicide under the influence of drugs, highlighting the complex relationship between schizophrenia and violence.

Methods: We present the case of a 30-year-old man with no prior medical or legal history, sentenced to five years and nine months in prison for homicide (of his sister), resisting arrest, and minor injuries. The homicide occurred after the consumption of MDMA. The initial forensic report revealed no severe psychopathy and a preserved sense of reality, while the defense argued moderate impairment of cognitive and volitional faculties due to intoxication and extreme fatigue.

Results: After spending a few months in prison, he attempted suicide by hanging, which did not require admission and was considered reactive to a stressful life situation. During his incarceration, the patient exhibited progressive thought disorganization, eccentric behaviors, hallucinations, and delusional ideation unrelated to substance use. He also engaged in severe self-harm, requiring bilateral orchiectomy. Following this, he was diagnosed with schizophrenia and treated in a psychiatric unit. Since 2022, he has been included in the Integrated Care Program for Severe Mental Illnesses in Prison (PAIEM) and treated with extended-release paliperidone. After release, he was incorporated into the Continuity

of Care Program, maintaining regular consultations with psychiatry, nursing, and social work. He has integrated well into the psychosocial rehabilitation center, showing no behavioral disturbances. He reports almost complete amnesia of the offenses for which he was convicted and exhibits some indifference towards them. He continues to receive treatment and is diagnosed with schizophrenia, predominantly with negative symptoms.

Conclusions: This case underscores the need to adequately assess negative symptoms of schizophrenia and their impact on violent behavior. The successful transition of the patient from prison to a specialized center highlights the importance of continuous treatment and monitoring in cases of severe mental disorders. Effective management of treatment and post-prison follow-up is crucial for minimizing risks and promoting successful community integration.

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EPV1763

Shared psychosis at a distance: a case of telephone-induced Folie à Deux

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Introduction: Shared psychotic disorder (*Folie à Deux*) is a phenomenon in which one person adopts the delusions of another with whom they have a close relationship. This case is particularly interesting because the delusions primarily developed through telephone conversations between two sisters and were notably exacerbated when they reunited in person. The telephone-based relationship between the sisters raises questions about the psychological influence from a distance in the development of shared psychosis.

Objectives: To describe a clinical case of *Folie à Deux* in which delusion transmission occurred predominantly through telephone communication, highlighting the role of physical contact in the exacerbation of psychotic symptoms.

Methods: We present the case of a 59-year-old woman hospitalized for shared psychosis. Her sister, with whom she maintained a close relationship through frequent phone calls, had previously developed persecutory delusions related to a complicated divorce. Over the course of five years, the patient began to share the same delusions of persecution and surveillance that her sister transmitted over the phone. However, following a visit from her sister to Madrid in July 2024, the patient's psychotic symptoms intensified, leading to psychiatric hospitalization in the brief hospitalization unit (UHB), where antipsychotic and antidepressant treatment was initiated.

Results: The patient was admitted with persecutory delusions centered on alleged surveillance related to her sister's divorce, delusions that her sister initially developed and which they shared after years of phone conversations. During hospitalization, antipsychotic treatment was effective, leading to remission of the active psychotic symptoms. The patient demonstrated insight into her delusions, linking them to her sister's influence. As contact with her sister decreased and treatment was introduced, the psychotic

symptoms subsided. Since discharge, the patient has remained stable, though a medication adjustment was required due to reported side effects.

Conclusions: This case of *Folie à Deux* highlights how a telephone relationship can be sufficient to transmit and maintain shared psychotic delusions. While physical contact exacerbated the symptoms, emotional exchange from a distance can also be a potent medium for perpetuating delusions. This case suggests that proximity, whether physical or emotional, directly influences the severity of shared psychosis.

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EPV1764

Antidepressant-Induced Psychosis: A non-common Case Report

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Introduction: The emergence of psychotic symptoms induced by antidepressants is an uncommon phenomenon, though it has been documented in isolated cases. Psychosis induced by serotonin-norepinephrine reuptake inhibitors (SNRIs), such as Venlafaxine, is particularly rare. This case presents a patient who developed psychotic symptoms after starting treatment with Venlafaxine, highlighting his capacity for self-criticism and the egodystonic nature of his delusions.

Objectives: To describe a case of a depressive episode with psychotic symptoms secondary to antidepressant treatment, emphasizing the importance of differential diagnosis, therapeutic management, and the patient's notable awareness of the unreality of his psychotic symptoms.

Methods: A 40-year-old male with a history of depressive disorder and substance abuse experienced high levels of anxiety following the death of his father, with whom he had a conflicted relationship. He started treatment with Venlafaxine, which he had previously taken with good results. Shortly after, he developed euphoria, persecutory thoughts, and delusions, such as the belief that there were cameras watching him, that his food was poisoned, and that he was being followed. No substance use was reported during this period, although he had a history of significant abuse in the past. Due to the worsening of his symptoms, he voluntarily admitted himself for further evaluation at a hospital in Barcelona.

Results: During his hospital stay, Venlafaxine was discontinued due to its association with the psychotic symptoms. Antipsychotics such as Olanzapine, Invega, Aripiprazole, and Depakine were introduced, but these were poorly tolerated. After being transferred to Madrid, Cariprazine was reintroduced, leading to partial improvement, although referential thinking persisted. In private follow-up care, Anafranil was later added, which further improved his mood, although residual psychotic symptoms, particularly referential thinking, remained. A key aspect of this case is the patient's good insight and egodystonic experience of his psychotic symptoms from the onset. He has recently started group therapy in a Multi-family Psychotherapy Group.

Conclusions: This case highlights the importance of differential diagnosis between antidepressant-induced psychosis and primary

psychotic disorders. It also underscores the patient's egodystonic experience of his delusions, with good insight, which facilitated clinical management. The literature on antidepressant-induced psychosis, particularly with drugs like Venlafaxine, is limited, indicating the need for further study of this rare but significant side effect.

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EPV1765

Exploring conversation coordination in patients with schizophrenia

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Introduction: Individuals with schizophrenia (SZ) are known to be impaired in their social and communication abilities. However, these impairments are not well characterized. More specifically, little is known about how SZ individuals take into account their interlocutor during conversation. Verbal backchannels (e.g., okay, yes) have been described as crucial cues that contribute to conversation coordination by allowing the updating of knowledge shared between interlocutors (Gravano & Hirschberg, 2011, *Comput. speech lang.*, 25, 601-634). They could reflect the ability of interlocutors to take into account their partner's perspective during conversation.

Objectives: The aim of the present study was to explore how SZ individuals manage conversation coordination with their interlocutor.

Methods: Thirty-one SZ participants and 30 healthy control (HC) participants matched for age and educational level performed a referential communication task with a partner (i.e., a collaborative game; Champagne-Lavau et al., 2009, *Cogn. Neuropsychiatry*, 14, 217-239.). During this game, they played either the role of Director (condition 1) or the role of Addressee (condition 2) with an experimenter. In condition 1, we performed prosodic analyses on the cues known to predict the production of a backchannel (i.e., backchannel-inviting cues, Gravano & Hirschberg, 2011) by the Addressee (e.g., duration and intonational contour of the Director's utterance produced before the backchannel). In condition 2, we performed phonetic analyses (e.g., f0min, f0max, pitch span, duration) on the backchannels (i.e., yes) produced by the Addressee. SZ participants' severity of symptoms was measured using the PANSS. Participants were also assessed on their theory of mind abilities with the Hinting task.

Results: Data from 22 SZ and 17 HC participants were analyzed. The main results did not show any difference between SZ and HC participants regarding the production of backchannel-inviting cues (condition 1) and regarding the number of backchannels produced (condition 2). However, phonetic analyses in condition 2 showed that SZ participants produced backchannels with a shorter duration (222 ms ± 85) and a reduced pitch span (0.443 ± 0.301) compared to HC participants (duration: 265 ms ± 91; pitch span: 0.586 ± 0.367). We also found a correlation between pitch span and PANSS (general score) ($r = -0.467$, $p = 0.029$) and a correlation marginally