

of interests, reduced incentives and motivation, decreased mental and physical activity). Apathy becomes the cause of pronounced social maladaptation and untimely seeking medical help. Different depressions vary in psychopathological features of apathy, in addition, there are also different dimensions of the general dynamics of endogenous disease.

Objectives: Study of the features of the course of schizophrenia, in which apathetic depressions develop with episodic and persistent type of dynamics

Methods: The study included 36 patients (15 men, 21 women, average age 34.9 years) with schizophrenia. In 17 cases, apathetic depressions occurred as short-term episodes, in 19 cases, depression took a persistent (close to chronic) course.

Results: Schizophrenia with an **episodic type of dynamics of apathetic depressions** was characterized by: the predominance of cases with early onset of the disease; alternation of apathetic and other type depressions; equal occurrence of mono- and bipolar types of disease; low severity of negative symptoms and slight changes in social and labor functioning. Apathy has always been present during the whole length of depression, its picture was dominated by a motivational decline. The studied cases were prognostically favorable. The features of the course of schizophrenia with **chronic apathetic depression** were: hyperthymic (10 out of 19 observations) and sensitive schizoid (6 out of 19 observations) premorbid personality; bipolar forms of the disease (94.7%, $p < 0.05$); the predominance of apathetic depression over other depression types, atypical form of depression; short duration of remissions; frequent course of the disease with the presence of only apathetic depressions (12 out of 19, 63.1%, $p < 0.05$); significant severity of negative symptoms. Apathy occupied only as a part of the duration of the state, as a rule, after anxiety depression. The picture of apathy was dominated by a decrease in initiative or motivation. This clinical group is the most prognostically unfavorable.

Conclusions: Schizophrenia, occurring with the presence of persistent forms of apathetic depression, has a greater impact on the functioning of patients and has a less favorable prognosis.

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EPV0979

Management of cognitive symptoms in schizophrenia.

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Introduction: Cognitive impairment is the frequent symptom occurring in nonelderly patients with schizophrenia or other neurodegenerative disorders. Cognitive dysfunction in patients with schizophrenia was described by Kraepelin more than a century ago. Increased awareness and advancements in the area of neuropsychological assessment and neuroimaging techniques have now rendered cognitive impairment an important focus of theories on the etiology and treatment of schizophrenia. Cognitive enhancement still remains a clinically unresolved challenge. Till date, there is no effective treatment available for enhancing cognitive function in patients with schizophrenia

Objectives: This e-poster aimed to summarize evidence regarding clinical data on the nonpharmacologic and pharmacologic management of cognitive symptoms of schizophrenia, also known as cognitive impairment associated with schizophrenia (CIAS), and highlight the selection of appropriate treatment options.

Methods: A bibliographical review was performed using PubMed platform. All relevant articles were found using the keywords: schizophrenia, cognitive symptoms, management.

Results: Many different drug targets and strategies for drug development have been employed for enhancement of cognition in schizophrenia. Receptor targets have been identified on the basis of pharmacologic challenges that mimic schizophrenia (e.g., dopamine agonists and NMDA receptor antagonists), receptor abnormalities found on postmortem analysis of schizophrenia brain, and genetic linkage studies. Treatment with a D₁ agonist was shown to “sensitize” D₁ receptors and improve memory in both aged and antipsychotic-treated monkeys. Clinical trials of D₁ agonists in schizophrenia have been delayed due to poor tolerability related to orthostatic hypotension and nausea. The glycine-site agonists, glycine, D-serine, and D-alanine, produced improvement in negative symptoms in small trials and some improvement in measures of cognition, although formal cognitive testing was not performed.

Conclusions: Although the evidence supporting cognitive remediation has not yet achieved the level necessary to merit inclusion in evidence-based treatment guidelines, this approach, combined with other psychosocial interventions, is promising. Several pharmacologic approaches are currently under study to facilitate neuroplasticity.

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EPV0981

Cariprazine efficacy in a 40-year untreated case of a woman with predominantly negative symptoms of psychosis: A case report

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Introduction: Several studies have demonstrated the unfavorable and neurotoxic effects of untreated psychosis (UP) on the brain. An estimated 10 to 12 cc of brain tissue could be potentially damaged due to neuroinflammation and oxidative stress when a first episode of psychosis goes untreated. Other studies have found a correlation between the duration of untreated psychosis (DUP) and treatment resistance or nonresponse. Evidence-based schizophrenia treatment mainly relies upon the use of first and second-generation antipsychotics, without solid evidence that the former is superior to the latter regarding the treatment of negative symptoms. Both groups, however, can come with a risk of side effects. Cariprazine, a third-generation antipsychotic, represents a safe and effective treatment, targeting both the positive and negative symptoms of schizophrenia.

Objectives: To report a clinical case of a woman with an extreme DUP with predominantly negative symptoms of schizophrenia and highlight the favorable outcome cariprazine monotherapy had on her global functioning.

Methods: We report a clinical case of a 58-year-old woman with a history of a 40-year UP successfully treated with 4,5mg of cariprazine. The woman was brought involuntarily for psychiatric assessment at the emergency department with a clinical image of catatonic stupor and predominantly negative symptoms of psychosis. Her total PANSS score at admission was 129. The negative subscale score was 49. She was initially treated with 3mg cariprazine and 10mg olanzapine and was gradually left on 4,5mg cariprazine monotherapy with an adjunctive 30mg mirtazapine.

Results: The patient was dismissed after 47 days of hospitalization. Cariprazine was effective in targeting both the cognitive and affective symptoms of long-standing UP. In the long-term, cariprazine also improved remnant delusional ideas of somatic and persecutory types, enhancing the patient's social life, ensuring her support network, and assisting her integration into the community. The patient did not report any side effects, and her blood test results were within the normal range.

Conclusions: Not all cases of schizophrenia are dramatic at presentation - some can have a chronic and insidious course predominated by negative symptoms. UP can lead to disastrous consequences for the patient's biopsychosocial well-being, leading to future treatment resistance and disability. Although such cases of untreated psychosis seem to be from the past, we should be conscious of their existence and treat them with a patient-personalized and symptom-centered approach. Cariprazine was successful and effective in treating this patient with a remarkable course of UP.

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EPV0982

The influence of the experience of trauma in childhood and the later development of psychosis. A case report

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Introduction: The increasingly well-established links between psychosis and distant traumas (often established in childhood) oppose purely neurobiological explanations. The influence of psychosocial factors on the development of a later disorder has been studied. In studies, a strong association has been found between psychosis and childhood sexual abuse, especially when sexual intercourse was involved.

Objectives: A case of a patient with psychotic symptoms is presented followed by a theoretical review on the topic.

Methods: A case is presented with a bibliographic review.

Results: A 37-year-old woman was admitted to the Acute Hospitalisation Unit for behavioural alterations in the form of hetero-aggressiveness towards family members in the context of psychopathological decompensation.

On arrival at the unit, she presented psychomotor restlessness, ideas of harm in relation to her neighbours and an attitude of referentiality, especially towards her father.

At the pharmacological level, Quetiapine 100 mg was replaced by Aripiprazole 10 mg and sleep was occasionally supported with Lormetazepam 1 mg.

Progressively her rest is normalising, she remains calm, behaviourally adequate, approachable and cooperative. She does not spontaneously allude to delusional ideation and no hallucinatory attitude is observed.

Daily individual psychotherapeutic interviews and family meetings are held with her parents, in which they refer to experiences of abandonment by her parents during her upbringing, persistent irritability and ideation of harm towards the family, which seems to be of long standing. They also report that prior to the first psychiatric admission, the patient reported being sexually abused at the age of 6 and suffered repeated physical aggression by a teacher at the age of 9. Both the patient and her parents relate the origin of the current malaise to all these events.

Upon discharge from the unit, throughout the follow-up carried out in the resource specialised in first psychotic episodes, during psychotherapeutic interviews, the feelings and emotions related to the traumatic experiences mentioned above are worked on. This therapy, associated with the pharmacological regimen previously indicated, has promoted a notable psychopathological improvement.

Conclusions: A review of 46 studies in women, both inpatients and outpatients, many of whom had a diagnosis of psychosis, revealed that 48% reported having suffered sexual abuse, 48% physical abuse in childhood and 69% of them both. Among men, the figures were 28%, 50% and 59%, respectively. Childhood abuse has been shown to play a causal role in many mental health problems.

There is clear evidence that physical and sexual abuse during childhood is related to symptoms of psychosis and schizophrenia, particularly hallucinations and paranoid delusions. Also, studying possible variables, a greater severity has been observed the more intense the abuse has been.

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EPV0983

Delusion of pregnancy - what the literature says?

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Introduction: Delusion of pregnancy (DP) is a false and persistent belief of being pregnant despite realistic evidence to the contrary. Being considered a rare phenomenon, more cases of DP have been reported lately, however the literature about this topic is still scarce.

Objectives: Clarify the etiology and clinical aspects of this pathology in order to diagnose and to treat it properly.

Methods: A search on Pubmed was performed using the MeSH terms "delusion pregnancy" or "pseudocyesis". The DSM-5 and ICD-10 were also a source of information.

Results: DP can be sometimes confused with other disorders, like pseudocyesis, pseudo-pregnancy and Couvade syndrome, but it is important to differentiate all of them to have a clear view of the pathology and follow a correct approach to the problem.