

Objectives: This case report aims to examine the unresponsive symptoms in a case of treatment-resistant schizophrenia, the patient's clinical course, and the approach to the treatment process.

Methods: The hospitalized patient's socio-demographic characteristics, medical and psychiatric history, and current complaints were examined in detail. Medications used, previous hospital visits, and admissions were evaluated.

Results: A 34-year-old male was first hospitalized in 2016 during military service due to disorganized behaviors, preventing completion of service. A year later, noncompliance led to repeated hospitalizations for grandiose delusions and disorganized behaviors. Despite effective doses and durations of aripiprazole, risperidone, olanzapine, and paliperidone injection, his symptoms persisted. Upon presenting to us, his treatment was paliperidone 150 mg/month and risperidone 4 mg/day. Due to auditory hallucinations and persecutory and referential delusions, he was admitted for schizophrenia management. Clozapine was added per protocol, increased to 700 mg/day, then reduced to 500 mg/day due to anticholinergic side effects; weekly hemogram monitoring showed no agranulocytosis. Fluvoxamine was added for control and religious obsessions, increased to 300 mg/day. With partial symptom regression and ongoing resistance, eight sessions of electroconvulsive therapy were administered without reduction in psychotic symptoms. Observing benefits from typical antipsychotics, haloperidol loading doses of 50 mg, 150 mg, and 200 mg were given. After an 85-day hospitalization, significant improvement allowed discharge planning. He was discharged on clozapine 500 mg/day, fluvoxamine 300 mg/day, and haloperidol decanoate injection. Outpatient follow-ups showed remission and complete regression of psychotic symptoms.

Conclusions: This case underscores the importance of treatment approaches in managing treatment-resistant schizophrenia. Formulating an effective treatment plan in such cases is often challenging and prolonged. As demonstrated, when initial treatments are inadequate, various steps are implemented per treatment protocols. In treatment-resistant patients, combining clozapine, ECT, and long-acting typical antipsychotics can effectively achieve long-term stabilization. The significance of regular follow-up, side effect management, and individualized treatment plans is evident in this case.

Disclosure of Interest: None Declared

EPP710

Very Early Onset Psychosis and the Autism Spectrum – Challenges of Differential Diagnosis

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Introduction: Schizophrenia (SCZ) and Autism Spectrum Disorder (ASD) are complex neurodevelopmental disorders with overlapping cognitive, social, and behavioral symptoms. Although each has distinct diagnostic criteria, shared traits such as impaired social cognition, communication difficulties, and atypical behaviors, often blur the distinction between them. This overlap is particularly challenging in cases of very early onset psychosis (before age 13), where symptoms like social withdrawal, unusual behaviors, and communication difficulties closely mirror those of ASD, complicating accurate diagnosis.

Objectives: This study aims to explore the diagnostic challenges of distinguishing between ASD and early psychosis through a comprehensive review of published literature and a case report.

Methods: A bibliographic review was conducted using articles from PubMed, focusing on the terms "Autism Spectrum Disorder", "Early Psychosis", and "Early Onset Schizophrenia". Additionally, a case report was presented to illustrate the complexities in differentiating these overlapping conditions.

Results: This study highlights the difficulty of distinguishing ASD from early psychosis due to overlapping symptoms, particularly in young patients. ASD is typically characterized by persistent social communication difficulties and repetitive behaviors, while early psychosis involves hallucinations, delusions, and disorganized thinking. However, some children with ASD may also exhibit psychotic-like symptoms, such as paranoia or unusual perceptual experiences, mimicking early-onset schizophrenia. These findings underscore the importance of comprehensive diagnostic assessments that include developmental history, symptom trajectory, and family background. Increasing evidence shows that ASD and early psychosis share genetic, neurobiological, and environmental risk factors, supporting the idea of a neurodevelopmental continuum where both conditions may be viewed as different points along a shared spectrum of neurodevelopmental disruption.

Conclusions: This work calls for a more integrated approach to diagnosing ASD and early psychosis, especially in cases of very early onset. A continuum model suggests these disorders may represent points along a spectrum of neurodevelopmental disorders rather than entirely separate entities. Future research should prioritize long-term studies to identify specific markers, such as genetic, brain imaging, and cognitive profiles, that can better differentiate between ASD and early psychosis and guide more targeted, personalized interventions.

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Sleep Disorders and Stress

EPP713

Screening for insomnia disorders among flight crews in Tunisia

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Introduction: Flight crew members are subjected to various stressors that can disrupt their sleep-wake cycle, leading to a higher prevalence of sleep disorders.

Objectives: to assess the prevalence of sleep disturbances among flight crew members of a private airline company in Tunisia.

Methods: A cross-sectional study was conducted involving flight crew members employed by a private airline in Tunisia who