B. Rodríguez Rodríguez[1], M. P. Pando Fernández[1], M. Calvo Valcárcel[1], P. Martínez Gimeno[1], M. A. Andreo Vidal[1] and I. D. L. M. Santos Carrasco[2]

[1]Hospital Clínico Universitario Valladolid, Valladolid and [2]Hospital Infanta Leonor, Madrid, Spain
*Corresponding author.
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Introduction: In the early stages of schizophrenia the person experiences feelings of strangeness about themselves, difficulty in making sense of things and difficulty in interacting with their environment. Based on this, self-disorder assessment instruments have been developed and empirical studies have been conducted to assess people at risk of developing a schizophrenia spectrum disorder. These studies show that self-disorders are found in pre-psychotic stages and that their manifestation can predict the transition to schizophrenia spectrum disorders.
Objectives: We present the case of a patient with multiple diagnoses and mainly dissociative symptoms who, after years of evolution, was diagnosed with schizophrenia.
Methods: Bibliographic review including the latest articles in Pubmed about self-disorders and schizophrenia.
Results: We present the clinical case of a 51-year-old woman with a long history of follow-up in mental health consultations and with multiple hospital admissions to the psychiatric unit, with several diagnoses including: dissociative disorder, histrionic personality disorder, adaptive disorder unspecified psychotic disorder and, finally, schizophrenia. The patient during the first hospital admissions showed a clinical picture of intense anxiety, disorientation and claiming to be a different person. The patient related these episodes to stressors she had experienced, and they improved markedly after a short period of hospital admission. Later, psychotic symptoms appeared in the form of auditory and visual hallucinations and delusional ideation, mainly of harm, so that after several years of follow-up and study in mental health consultations and in the psychiatric day hospital, she was diagnosed with schizophrenia and treatment with antipsychotics was introduced, with a marked clinical improvement being observed.
Conclusions: It is important to take into account this type of symptoms (self-disorders), as they allow the identification of individuals in the early stages of the disorder and create the opportunity for early therapeutic interventions.

Disclosure of Interest: None Declared

EPV0978

EXPERIENCE OF PHARMACOGENETIC TESTING IN THE TREATMENT OF ANTIPSYCHOTICS

M. Kaydan* and N. Zakharova

Psychiatric Hospital no. 1 Named after N.A. Alexeev of the Department of Health of Moscow, Moscow, Russian Federation
*Corresponding author.
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Introduction: One of the promising methods for optimizing treatment in order to achieve high-quality remissions is a personalized approach to prescribing therapy in the form of pharmacogenetic testing, the feasibility of which has already been substantiated and proven in a number of clinical guidelines. By the beginning of 2022, several influential regulatory and expert organizations recommend considering the results of genetic testing when prescribing therapy. Thus, personalization of antipsychotic therapy is being introduced in the world practice.
Objectives: To establish the significance of pharmacogenetic markers that determine the efficacy and safety of antipsychotic therapy in patients with schizophrenia in clinical practice.
Methods: The study included 264 patients (141 men, 123 women; 27.3 ± 4.5 years) from among the first hospitalized in a psychiatric hospital in the period 2018-2020, meeting the inclusion criteria (psychosis within the schizophrenia spectrum disorders; consent to participate in research). Non-inclusion criteria - signs of organic brain damage; alcohol or substance abuse; somatic pathology in the stage of decompensation). The examination took place in three stages - in the first days of hospitalization at the peak of the acute condition and during the formation of remission - after 6 and 12 months. Genetic analysis was performed using high-density biochips from Illumina CoreExome Bead (Illumina Inc, USA). During the follow-up observation, some patients dropped out due to refusal to undergo examination, change of diagnosis or change of place of residence. After 6 and 12 months, it was possible to trace the dynamics of the state of 91 patients (50 men, 41 women; 24.9 ± 4.6 years).
Results: Based on the follow-up results, two types of schizophrenia dynamics were identified - with a relatively favorable and unfavorable course. The formation of a relatively stable remission corresponding to the criteria proposed by the working group was noted in 47 patients (51.6%), carriers of gene polymorphisms: DRD2 rs1799732 (del); COMT rs4680(GG); BDNF rs6265 (CC); ANKK1 rs1800497 (GG); MC4R rs489693 (AA); ABCB1 rs1045642 and ABCC1 rs212090 (GG). An unfavorable course with the ineffectiveness of antipsychotics was found in 48.4% of cases in patients with DRD2 rs1799732 (G/del) carriers; COMT rs4680(AA); BDNF rs6265 (TT); ANKK1 rs1800497 (AA); MC4R rs489693 (GG); ABCB1 rs1045642 and ABCC1 rs212090 (AA).
Conclusions: After analyzing the results of genetic testing and clinical and dynamic characteristics of the course of schizophrenia, we can talk about the relationship between the establishment of high-quality remission in the presence of polymorphisms in the genotype, whose role has been proven in terms of the effectiveness and safety of antipsychotics.

Disclosure of Interest: None Declared

EPV0979

Delusional disorder during pregnancy. A case report

M. Palomo Monge[1]*, M. V. Lopez Rodrigo[1], C. Garcia Montero[2], M. F. Tascon Guerra[1], A. Osca Oliver[1] and A. Duque Dominguez[2]

[1]Psychiatry, hospital nuestra señora del prado, Talavera de la Reina and [2]Psychiatry, hospital provincial de Ávila, Avila, Spain
*Corresponding author.
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Introduction: We present the case of a 34-year-old female patient, 35 weeks pregnant and previously diagnosed with delusional disorder.
Objectives: Somatic personal history: NAMC. intrinsic asthma. Cutaneous psoriasis.
Personal psychiatric history: In psychiatric follow-up since childhood, due to eating problems. Subsequently by adaptive pictures, with anxiety and dysfunctional personality traits intermittently. She resumes contact again in February 2017 presenting frank delusional clinic. Father diagnosed with schizophrenia.
Personal data: 34-year-old woman, married, with a 6-year-old son.
Methods: Current illness: The patient presents active delusional symptoms of about 3 years of evolution, she reports that she knows that there are people in her neighborhood who want to harm her and have guns with which they are constantly shooting to kill her "I hear the shots every day, I have the windows covered with metal plates and I cannot go out with my son, nor to the park, nor to do the shopping". When she began the delusional symptoms, she was prescribed treatment with olanzapine without response, later with paliperidone palmitate, without response, and then with oral aripiprazole and depot 400mg once a month, with partial response. Prior to the current pregnancy, treatment with clozapine was considered, which the patient accepted but did not tolerate and had to be withdrawn.
Results: Evolution: The patient then remains in treatment with depot aripiprazole, with a partial response and less behavioral repercussion of the delusional content, but with a torpid evolution and tending to chronicity. During this course the patient accidentally becomes pregnant again. The doses of benzodiazepines that she was previously taking to control anxiety and sleep were lowered, maintaining treatment with depot aripiprazole, reducing the dose to 300mg monthly. The pregnancy has proceeded normally to date, with close controls by the gynecology service and monthly visits to psychiatry clinics.
Conclusions: Clinical judgment: Persistent delusional disorder.
In this case, the need arises to maintain depot antipsychotic treatment in a patient with a severe mental disorder during pregnancy, given the serious consequences of delusional content on the patient's functioning and thus be able to preserve stability at this level during pregnancy.

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EPV0980

Clinical presentation of late-onset psychosis (LOP) and differential diagnosis with dementia: a case report

S. Oller, R. Esteve Vila and M. Pérez Machado*

psychiatry, Hospital Del Mar, BARCELONA, Spain
*Corresponding author.
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Introduction: Late-onset psychosis appears in people over the age of 40. Some preliminary studies show that LOP has fewer severe positive symptoms, more systematic persecutory delusions, more bizarre-type delusions, less affective flattening, and more social withdrawal than early onset psychosis.
There are some studies that consider late-onset and very late-onset psychosis as prodromes of neurodegenerative disease. There are some differences in neuropsychological profiles and specific cognitive function alterations discovered. More evidence, however, is required to make an accurate diagnosis.
Objectives: The objective of this study was to reflect the difficulties in differentiating between late-onset psychosis and dementia by reporting the case of a 77-year-old woman who presented with mystical-religious delusions and hallucinations during her hospitalization.
Methods: We present the case of a 77-year-old woman who was hospitalized because of a stroke. During her stay, she began receiving follow-up from the mental health team because she verbalized some mystical-religious delusional ideas. During the psychiatric interview, the patient verbalized mystical-religious ideas and oscillated between coherent, organized, and disaggregated speech. No problems were detected with orientation, or florid affective symptoms that could point to a delirium or affective disorder. The premorbid personality was extravagant, with interpersonal difficulties and magical thinking. Nonetheless, she had no prior contact with the mental health system or hospitalization. We could approximate the beginning of the symptomatology at around 60 years old, thanks to her relatives. Prior to this age, she maintained good function by working as a chef on a regular basis. She gradually isolated herself due to her lack of mobility. Similarly, she decreases her self-care activities, begins hoarding items around the house, and gradually develops more psychotic symptoms.A brain scan was performed, and no acute pathology was found. A neuropsychological test was not executed due to a lack of collaboration from the patient.
Results: -
Conclusions: This case reflects the complexity of differentiating between dementia and late-onset psychosis. Supplementary testing and follow-up are essential for establishing a diagnosis. Related to that, more research is needed to identify the differential characteristics between the two disorders and the temporal correlation between them.

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EPV0981

Late-onset schizophrenia: a differential diagnosis

M. V. López Rodrigo*, M. Palomo Monge, A. Osca Oliver, F. Tascón Guerra and V. Ros Fons

Psiquiatría, Hospital Nuestra Señora del Prado, Talavera de la Reina, Spain
*Corresponding author.
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Introduction: Regarding the diagnosis of schizophrenia, a peak of onset of symptoms is considered at 25 years. The debut after 60 years is considered late onset and is rare, generating controversies in the diagnosis

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