EPV1814

Use of antipsychotics in patients with epilepsy: a case report

P. Perez- Melendez Perez[1]*, H. Vizcaino Herrezuelo[1] and C. Delgado Marmisa[1]

[1]Psychiatry Department, Hospital Universitario Puerta de Hierro, Madrid, Spain
*Corresponding author.
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Introduction: The use of antipsychotic medications in individuals with epilepsy has been studied extensively. Starting neuroleptic therapy in patients with epilepsy is complicated due to the potential for these drugs to lower the seizure threshold. Consequently, both psychiatrists and neurologists must collaborate to develop personalized treatment plans for these patients.
Objectives: To evaluate various therapeutic options for patients experiencing both psychotic symptoms and seizures, aiming to select the most appropriate treatment for each individual.
Methods: This case report describes a 47-year-old male patient who is presented with a diagnosis of symptomatic focal epilepsy in the left temporoparietal malacic area post traumatic brain injury. Following a traffic accident at the age of 14, after which he suffered a temporoparietal hematoma, the patient has presented numerous epileptic seizures. Initially, he abandoned treatment and follow-up with neurology, which he resumed in 2021. Additionally, the patient was referred to psychiatry after verbalizing delusional ideation of persecution with affective repercussions (tendency towards irritability) and behavioral repercussions (tendency towards social isolation and difficulties in the work environment) as well as auditory hallucinations with derogatory content. Neurology initiated treatment with eslicarbazepine 800mg, with cessation of epileptic seizures. After considering different treatment options and taking into account interactions with antiepileptic treatment, risperidone 1mg was initiated.
Results: Following the initiation of risperidone, the patient experienced a reduction in irritability and has not presented further epileptic seizures. Due to potential drug interactions, the risperidone dose was gradually titrated upwards, resulting in a decrease in delusional ideation and improved overall functioning.
Conclusions: Patients with epilepsy and comorbid psychotic symptoms require a multidisciplinary approach, including individualized treatment. Neuroleptic medications can significantly improve quality of life in these patients. Therefore, it is essential to carefully select the appropriate antipsychotic, starting at low doses and gradually titrating upwards, with close monitoring to ensure patient safety and drug efficacy.

Disclosure of Interest: None Declared

EPV1813

Beyond Classification: A Case Report Exploring Paraphrenia in Late-Onset Psychosis

M. O. Pires[1]*, M. Barroso[1], A. S. Pires[1], S. Mouta[1], I. F. Vaz[1] and J. Nunes[1]

[1]Unidade Local de Saúde da Guarda, Guarda, Portugal
*Corresponding author.
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Introduction: Paraphrenia is a chronic psychotic disorder characterized by persistent delusions, with preservation of cognitive function and personality, which distinguishes it from schizophrenia, where cognitive decline is more pronounced. Although initially defined by Kraepelin, paraphrenia has been excluded from current diagnostic systems, complicating its distinction from schizophrenia and delusional disorders. Over time, experts like Mayer-Gross, Roth, and Munro have debated whether paraphrenia constitutes a distinct diagnostic entity, raising questions about its relevance in contemporary psychiatry.
Objectives: To present a case that resembles paraphrenia and explore the clinical presentation and diagnostic process, particularly in the context of the disorder's exclusion from diagnostic systems.
Methods: This study is based on a case report, supported by a non-systematic review of relevant literature. Clinical data was collected throughout the patient's treatment, and articles on paraphrenia were reviewed to provide historical and diagnostic context.
Results: A 60-year-old woman, single, household cleaner, was brought by her sibling to the emergency department for presenting persecutory delusions, and auditory hallucinations in the prior four months. She believed her downstairs neighbors had installed cameras in her house, controlling her every move. She presented a depressed mood and difficulty falling asleep. Toxicology screening, blood work, and head-CT showed no changes. Due to treatment refractoriness, Clozapine was started. A formal neuropsychological assessment was carried out, which did not show cognitive deterioration. The patient revealed less preoccupation with delusions and hallucinations and was discharged two months after admission.
Conclusions: In this case, the patient exhibited a chronic psychotic disorder marked by persecutory delusions and auditory hallucinations, without encapsulated delusional thinking. These symptoms had persisted for four months, during which the patient maintained personality stability and interpersonal functionality, displaying appropriate emotional responses and no cognitive decline. The onset occurred in middle age, with no psychiatric family history or evidence of premorbid issues. Significant stressors before symptom onset were identified as a likely trigger. This case highlights the persistence of psychotic symptoms with preserved cognitive and emotional stability, aligning with the diagnostic characteristics of paraphrenia. Despite exclusion from modern classification systems, the clinical presentation supports considering paraphrenia as distinct from other psychotic disorders, particularly in terms of its preserved functionality and absence of cognitive decline. This case underscores the need to continue the study on paraphrenia, and possibly rethinking its role in diagnostic frameworks, particularly in cases of late-onset psychosis.

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The Importance of Social Environment in Schizophrenia

P. S. Pires[1]*, C. Cunha[1], R. Cabral[1], F. Cunha[1], I. Santos[1] and A. P. Costa[1]

[1]DPSM, ULS Viseu Dão-Lafões, Viseu, Portugal
*Corresponding author.
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