as in national and international journals. Likewise, the knowledge and clinical experience of the team has been reviewed in order to expose its own experience in this field, defining specific interventions as well as results.
Results: The case presented is of an 18-year-old female patient. She states that the main reason for consultation is something that happened last Sunday, at which time he had "an identity crisis" in which he did not know if he was a girl or a boy. The reasoning behind this fact is that "as Pablo Alborán likes him, perhaps he is a boy". Given the bizarreness of the explanation and the patient's particular contact, I explore a previous psychopathological situation. She says that since last year she feels more insecure, with diffuse fear that it is difficult to specify or nominate something specific: "in class and that is very difficult for me, public presentations", she says that "everything scares me", she says that she has a non-specific fear that has been maintained even increasing over the months and that has led him to have greater anguish. Even though the patient dates the beginning of the picture on Sunday, it is noteworthy that the previous Thursday she had requested a consultation with psychology in the private circuit that although she does not know how to specify the reason "because of fears" it seems that the anguish resulting from this fear had been increasing, having greater difficulties for the presentations in class. The contact is psychotic and the situation that the patient describes is typical of a "treme" situation, cataloged in the current literature as a High-Risk Mental State.
Conclusions: High-risk mental states are not a diagnostic category according to current classifications, although it is necessary to reach a consensus on what the diagnosis implies and what would be the way to proceed when a patient presents these symptoms.

Disclosure of Interest: None Declared

EPV1796

Group weight management program for people with schizophrenia or bipolar disorder: an Italian experience

V. Martiadis[1]*, F. Raffone[1], E. Pessina[2], E. Favaretto[3], A. Martini[2], P. Matera[4] and C. I. Cattaneo[4]

[1]Department of Mental Health, Asl Napoli 1 Centro, Naples; [2]Department of Mental Health, Asl Cuneo 2, Bra; [3]Department of Addiction, South Tyrol Health Care, Bressanone and [4]Department of Mental Health, Asl Biella, Biella, Italy
*Corresponding author.
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Introduction: Obesity and weight gain are major clinical problems for people with severe mental illness (SMI), such as schizophrenia and bipolar disorder. While psychopharmacological treatment, particularly with atypical antipsychotics and mood stabilisers, is the 'core' of treatment for these disorders, it can increase the risk of overweight/obesity, metabolic and cardiovascular disease. Most guidelines on how to manage overweight and obesity in these patients share an initial conservative approach. These guidelines include diet, physical activity, lifestyle coaching and behaviour modification. Only then are pharmacological or, eventually, surgical treatments added.
Objectives: This study evaluated the effectiveness of a group behavioural weight management program in a real Italian outpatient setting.
Methods: 100 patients diagnosed with schizophrenia or bipolar disorder who participated in a group weight management program were followed up for 12 months. The intervention consisted of 8-week training in which patients received nutritional and lifestyle coaching in groups of 10. Weight, BMI, waist circumference, blood glucose and blood pressure were measured at 0, 6 and 12 months.
Results: Mean body weight (kg) decreased from 98.01±18.30 at baseline to 93.29±17.36 at 6 months ($p>0.001$) and to 90.35 ±17.90 at 12 months. There were also statistically significant reductions in BMI, waist circumference, blood glucose and systolic blood pressure. There was no significant reduction in diastolic blood pressure. After segmenting the patients at baseline according to their initial body weight (normal weight, overweight and obese according to the World Health Organisation), a statistically significant difference in weight only occurred between baseline and the first 6 months of follow-up, suggesting that the programme was successful in the short term and that the results were maintained over the following 6 months.
Conclusions: Despite the study's limitations, the intervention demonstrated feasibility in an outpatient setting, a high retention rate with no drop-outs during the programme, and significant weight loss in the first six months, followed by long-term maintenance at the end of the study. Current NICE recommendations suggest that people with SMI, particularly those receiving antipsychotic treatment, should receive integrated diet and exercise programmes. Future research should focus on the cost-effectiveness of this type of intervention and its reliability in the medium and long-term in different health care settings.

Disclosure of Interest: None Declared

EPV1797

Depression in psychosis: where does it come from?

M. A. Andreo Vidal[1], M. Calvo Valcárcel[1], M. P. Pando Fernández[1], P. M. Gimeno[1], M. Fernández Lozano[1], B. Rodríguez Rodríguez[1], N. Navarro Barriga[1], M. J. Mateos Sexmero[1], A. Monllor Lazarraga[1], L. Rojas Vázquez[1], G. Lorenzo Chapatte[1], M. Ríos Vazquero[1], F. J. González Zapatero[1], L. del Canto Martínez[1], C. Rodríguez Valbuena[1] and O. Martin Santiago[1]*

[1]Psychiatry, Hospital Clínico Universitario de Valladolid, Valladolid, Spain
*Corresponding author.
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Introduction: Many patients suffering from schizophrenia have symptoms suggesting depression during the course of their illness. It can appear both in the prodrome of a psychotic decompensation and in the acute phase, as well as after its resolution. But is it part of the disease itself? Is it an experiential reaction to the assumption of the sickness or is it an independent entity? Can it be produced or exacerbated by antipsychotics?
Objectives: This case study aims to analyze the clinical presentation of depressive symptoms in a patient with schizophrenia.
Methods: A review of the literature on affective symptomatology which may occur in psychosis.
Results: A 34-year-old male with a history in Mental Health since the age of 16, with diagnosis of paranoid schizophrenia. He has presented at least 5 depressive episodes and several severe self-harming attempts. He is on treatment with olanzapine, clonazepam, quetiapine and aripiprazole.
During a follow-up, he reports intensification of low mood in the last few weeks due to sentimental break-up, clinophilia and social isolation. He spends the day in his room with the curtains lowered, he has

neglected his personal hygiene, and verbalizes thoughts of death. He shows poor functioning, slowed thinking and lack of energy.
His mother reports that he has had self-aggressive behaviors, such as hitting his face and eating his faeces. Sensory and perceptual disturbances are not excluded. Given the current depressive affective state and risk of commiting suicide, it is decided to admit him to the hospital and to start treatment with fluoxetine.
A few weeks after hospital discharge, he continues with poor functioning and isolation, but his mood is better and his thoughts of death have disappeared.
Conclusions: Although clear differentiation between depressive and psychotic symptomatology has been classically described, both symptoms are often associated. Affective symptoms can be part of different stages of the disease, secondary to medication, due to insight phenomena or part of schizoaffective disorder and psychotic depressions.
Depressive symptomatology can also be confused with the presentation of negative symptoms. They both share clinical manifestations such as anergy, social isolation and lack of interest; but while in depression there is a sad mood, in negative symptons there is emotional flattering. Also, positive symptomatology can simulate social withdrawal, usually seen in depression.
Depression in an acute phase has historically been related to a better prognosis, although several studies indicate that depression in a chronic phase causes a higher risk of suicide and relapses. Therefore, early diagnosis and treatment are essential.
In our case, the patient suffers from major affective symptoms regarding his life situation, which may be overlapped by isolation due to a likely positive symptomatology, without dismissing possible negative symptomatology as a result of many years of evolution of his disease.

Disclosure of Interest: None Declared

EPV1799

Ekbom Syndrome: A case report and literature review

P. Martínez Gimeno[1], L. Rodríguez Andres[1]*, C. Alario Ruiz[1], O. Martín Santiago[1], B. Arribas Simón[1], M. P. Pando Fernández[1], M. Andreo Vidal[1], M. Calvo Valcarcel[1], B. Rodríguez Rodríguez[1], M. Fernández Lozano[1], M. D. L. Á. Guillén Soto[1], A. Aparicio Parra[1], M. Ríos Vaquero[1], G. Lorenzo Chapate[1], A. Monllor Lazarraga[1], L. R. Vazquez[1], F. J. Gonzalez Zapatero[1] and L. Del Canto Martínez[1]

[1]Hospital Clínico Universitario Valladolid, Valladolid, Spain
*Corresponding author.
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Introduction: Ekbom's syndrome is a clinical term for delusional parasitosis, a condition characterized by the belief that one's skin is infested by invisible parasites. Delusional infestation is a rare psychiatric disorder, is more common in the elderly, particularly in postmenopausal females. Psychiatric interventions are usually rejected by these patients and long-term treatments are frequently abandoned, they usually seek care from dermatologists. It is advocated to form a liaison between dermatology and psychiatry to ensure a full range of differential diagnoses, in order to form the most suitable management plan.
Objectives: The objetive of this case is to illustrate the severity of Ekbom's syndrome, providing detailed clinical information and highlighting the challenges in treatment.
Methods: The following patient will be presented, doing a thorough systematic bibliography review.
Results: A 54-year-old female patient describes a clinical history of three years of visual hallucinations and generalized pruritus since a family weekend at a countryside house. She reported that, for the past three years, she has experienced itching all over her body and has occasionally seen "bugs" on her body that she believes to be fleas. She mentioned having been diagnosed with "scabies" and "seborrheic dermatitis".Despite these diagnoses, her father noted that for the past year, the patient has been extremely anxious, spending hours examining her hair and skin, washing repeatedly, and searching for "bugs." In recent weeks, she refused to eat.Throughout her stay in the unit attended therapy regularly, and participated actively. A psychopharmacological adjustment was made, starting with Abilify at 15 mg/day, which was well-tolerated and effective. A dermatology consult ruled out dermatological pathology. Over the days, a reduction in anxiety and partial improvement in somatic complaints were observed. As the patient's condition improved, she committed to continuing with the treatment and attending mental health team consultations with her referring psychiatrist.
Conclusions: Delusional infestation is a serious and uncommon disorder that endangers the patients and the people around them, and can be complicated with secondary somatic complications, often requiring involvement of different medical specialists.The treatment is long and complicated, the effectiveness of pimozide, aripiprazol or risperidone for the Ekbom syndrome has been documented in the literature. In our case, we decided to introduce aripiprazol. The management of these patients requires a multidisciplinary approach between dermatologists and psychiatrists, as they often refuse treatment. Consultation and collaboration between both specialties are essential to ensure timely referral. Additionally, it is crucial for general physicians to have greater awareness of these conditions, perform early recognition, maintain good rapport with patients, and provide empathetic treatment.

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EPV1800

Brief Episodes, Lasting Impact: A Case Series on Acute and Transient Psychotic Disorder

C. Martins[1]*, M. Sant'Ovaia[1], J. M. de Castro[1], S. Martins[1] and L. A. Fernandes[1]

[1]Psychiatry, Unidade Local de Saúde Amadora/Sintra, Amadora, Portugal
*Corresponding author.
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Introduction: Psychotic disorders with acute onset and remitting course have been described by 19th and 20th-century European psychiatrists under various terms, such as "amentia," "cycloid psychosis," "bouffée délirante". In modern taxonomy, brief psychotic episodes are classified as "acute and transient psychotic disorder" (ATPD) in ICD-11 and "brief psychotic disorder" in DSM-5. The lack of continuity between earlier nosological concepts and current descriptive categories, along with frequent changes in definitions across DSM and ICD versions, has hindered empirical research, limiting our understanding of these conditions. As a result, ATPDs have been marginalized in textbooks and training programs, leading to a lack of evidence-based treatments, despite their clinical relevance. Our work aims to renew interest in these "forgotten" disorders.
Objectives: To examine the epidemiological and clinical aspects of ATPDs through the description of clinical cases.