Methods: The current case concerns a 52-year old mother of 4 children with the manifestation of acute polymorphic psychotic disorder with a background of a stressful factor. The patient was involuntarily hospitalized in the Psychiatric Hospital of Thessaloniki from 04/01/ 2019 -21/ 01/2019 due to disorganization and acute confusing condition within the last 9 days. Delusional ideas of religious content were first observed, which alternated with ideas of greatness and then persecution, association and self-denial. She also presented auditory hallucinations while there was a fluctuation of emotion from excessive euphoria to depression. The patient had no previous hospitalization in a psychiatric clinic, however, 7 months ago she experienced another acute psychotic epeisode, while at the age of 17 and under the influence of intense stress, she described mood disorders.
Results: The current symptoms subsided after one week from the day of admission. During her hospitalization, a brain CT was performed without presence of pathological findings. Initially, her medication included i.m. haloperidol 15mg / ml daily, followed by a change to per os paliperidone 9mg daily.
Conclusions: Her mental status was improved, with no disturbances of consciousness noted and she was discharged on paliperidone as home medication.

Disclosure: No significant relationships.
Keywords: acute polymorphic psychosis; immediate recovery; stress factor; paliperidone

EPV0644

Effect of long-acting injectable paliperidone 3 monthly and aripiprazol 1 monthly on hospitalization rate in a first-episode psychosis

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Introduction: Long-acting injectable antipsychotics (LAIs) can reduce relapse and hospitalization risk but they are not widely used in first psychotic episode (FEP) patientes.
Objectives: To examine the effcacy of two of the most used second generation LAI antipsychotics (paliperione 3 monthly and aripiprazol 1 monthly) to reduce hospitalization rates.
Methods: We evaluated in a naturalistic study a sample of patients (n=277) with a FEP. We carried out a mirror-design study to compare the number of hospitalizations and days in hospital before and after the introduction of LAI paliperidone (3 monthly) or LAI aripiprazol. In our Early Intervention Services (Lehenak) antipsychotic treatment is not protocolized and is established for each patient according to the psychiatrist criteria.
Results: We review the oucome of 277 FEP treated in our Early Intervention Service "Lehenak" with LAI paliperidone 3 monthly (n=156) or LAI Aripiprazol (n=121)
Conclusions: Both LAI paliperidone 3 monthly and LAI aripiprazol had a postive impact on hospitalIzation rate, decreasing them significantly after their introduction. These data also support a more extensive use of LAI paliperidone 3 monthly in FEP.

	Pre LAI Mirror Period	Post LAI Mirror Period	Within group comparisons (paired t-test) t p
Aripiprazol LAI number of Hospitalizations (mean, standard deviation)	2.31 (1.72)	0.73 (1.23)	17.4 (<0.001)
Paliperidone LAI 3 monthly number of Hospitalizations number	0,68 (0.93)	0.15 (0.47)	4.62 (<0.001)
Aripiprazol LAI Days in Hospital	30.26 (33.52)	17.02 (38.19)	2.93 (0.004)
Paliperidone LAI 3 monthly Days in hospital	12.63 (24.23)	3.40 (14.18))	7.5 (<0.001)

Disclosure: Presenting author has received honouraria for lectures or advisory boards from Janssen, Otsuka, Lundbeck and Angelini in the last five years
Keywords: first-episode psychosis; Relapse prevention; long-acting aripiprazol; long-acting paliperidone

EPV0645

Schizoaffective disorder about 57 cases

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Introduction: Schizoaffective disorder remains relatively unknown today compared to other psychiatric disorders. This disorder is however recognized by the international medical classifications DSM 5 and mainly affects many people.
Objectives: Describe the socio-demographic and contextual clinical characteristics of patients with schizoaffective disorder
Methods: We conducted a descriptive retrospective study including patients with schizoaffective disorder (DSM 5) in the psychiatric department G at Razi hospital and who were hospitalized for a period of 1 year from 1 January to 21 December 2020. We collected 57 patients.
Results: The average age of our sample is 40.16 years. The majority of patients (75.4%) were single and the school level did not exceed secondary studies in 64.9% of cases. Most of these patients were unemployed previously working as a day laborer in 47.4%. In addition, the type of schizoaffective disorder was dominated by the bipolar type (94.7%). These patients had a personality disorder in 26.3% mainly schizoid. The psychiatric interview of these patients revealed irritable mood in 47.4%, inappropriate affects in 59.6%, speech of a maniac in 52.6%, delusions of persecution and grandeur in 70.2% with intuitive mechanism (47.4%) and hallucinatory (auditory 45.6%). Disorganized behavior in 50% and catatonic behavior in 5.3% Mental automatism and morbid rationalism in 29.8% Insomnia: 94.7% and concentration disorder: 56.1% Type of treatment was the combination of atypical antipsychotics, mood stabilizers and benzodiazepines 33.3% with regular follow-up in 49.1%
Conclusions: Schizoaffective disorder is one of the most misdiagnosed psychiatric disorders in clinical practice and the need to know its characteristics is a necessity.

Disclosure: No significant relationships.
Keywords: psychiatric interview; schizoaffective disorder; personality disorder

EPV0646

First psychotic episode as first manifestation of lyme disease: Case report

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Introduction: Lyme disease (LD) is caused by the spirochete Borrelia burgdorferi (Bb) and has been reported to be associated with various psychiatric presentations.
Objectives: To report a case with LD and to highlight the importance of differential diagnosis in a first psychotic episode.
Methods: Case report and non-systematic review of the literature.
Results: A woman aged 31 was admitted to the psychiatric department, after a car accident with a mortal victim, due to a first psychotic episode with visual hallucinations, disorientation in time and space, persecutory and grandiosity delusions. She had a personal psychiatric history of obsessive-compulsive disorder and no previous admission to an inpatient Unit. On psychotropic drugs the condition failed to improve, and subsequently neurological symptoms developed. EEG abnormalities prompted a lumbar puncture. In the CSF a strong plasma cell reaction with atypical cells was observed. The enzyme immunoassay for Borrelia burgdorferi was positive and after treatment with penicillin the psychiatric and neurological signs and symptoms remitted. Screening assessment followed by a thorough history, comprehensive psychiatric clinical exam, review of systems, mental status exam, neurological exam and physical exam relevant to the patient's complaints and findings with clinical judgment, pattern recognition and knowledgeable interpretation of laboratory findings facilitates diagnosis. Psychotropics and antibiotics may help improve functioning and prevent further disease progression.
Conclusions: LD is relatively rare, but awareness of the association between LD and neuropsychiatric presentations can improve understanding of the causes of mental illness and result in more effective prevention, diagnosis and treatment.

Disclosure: No significant relationships.
Keywords: lyme disease; borrelia; neuroborreliosis; psychosis

EPV0647

Schizophrenia long-acting antipsychotics initiation index (SLAAII)

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Introduction: Background In individuals with schizophrenia, long-acting injectable antipsychotics (LAIs) have been shown to be beneficial in preventing relapse. An important issue in these individuals is poor medication adherence, which can negatively affect outcomes. Although currently underutilized in comparison with oral antipsychotics, LAIs can be an important treatment option for addressing the high rates of poor adherence to medication in individuals with schizophrenia. There is a lack of published evidence and treatment guidelines on optimal strategies for the initiation of treatment with LAIs, which would at least partly explain why LAIs remain underutilized.
Objectives: Aims The aim of this report is to present an index for initiation of LAI in schizophrenia.
Methods: A restrospective chart review of a cohort of 1000 consecutive patients hospitalized with schizophrenia in Clinical Hospital of Psychiatry and Neurology Brasov, Romania, between 2011 and 2019. The number and reasons of LAIs initiation were evaluated.
Results: Rezults The results shows a reduced number of LAIs initiation and led to the realization of an index entitled Schizophrenia long-acting antipsychotics initiation index (SLAAII) with 6 domains (age, duration of illness, number of relapses, response to oral treatment and antipsychotic available formulation), each with 3 response variants rated with 5 points, 3 points and 1 point. The maximum posible score is 30 points and minimum 6 points. A score above 20 points is a strong indication for LAI initiation.
Conclusions: Schizophrenia long-acting antipsychotics initiation index (SLAAII) could be a very useful tool to facilitate the initiation of LAI treatment in patients with schizophrenia.

Disclosure: No significant relationships.
Keywords: schizophrenia; long-acting antipsychotics; initiation

EPV0648

Cognitive impairment in first psychotic episodes: The role of cannabis

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Introduction: The role of cannabis on cognitive impairment in first-episode psychosis (FEP) is becoming more important, with multiple investigations on this regard, with heterogeneous results due to different methodologies.
Objectives: To evaluate the cognitive profile in patients who suffer a FEP, analyzing the potential effect of cannabis.
Methods: We present the preliminar results of a cross-sectional case-control study about the effect of cannabis on cognition, in patients suffering a FEP. We recruited a total of 41 FEP during the last two years. We investigated the theorical differences between those who were cannabis users (FEP-Cannabis+)(n=28) and not cannabis users (FEP-Cannabis-)(n=13). We included a control group with healthy subjects who were cannabis users (Healthy-Cannabis+) (n=24).Sociodemographic and clinical questionnaire was completed. The Screening Scale to evaluate Cognitive Impairment in Psychiatry(SCIP-S) and the Cannabis Abuse Screening Test (CAST) were used. The consumption pattern was also evaluated.
Results: In this study, cognitive impairment was found in FEP-Cannabis+,when compared with Healthy-Cannabis+.The most