team, and descriptive and inferential statistical analyses were performed with SPSS, version 25. Statistical significance was set at the 5% level.
Results: The definition of constipation was defined as receiving any laxative agent during the study period, and the point prevalence rate of constipation in the chronic schizophrenic inpatients was 74.7%. Three factors were found relevant with constipation with statistical significance. The combined use of first-generation and second-generation antipsychotic medications (OR=3.28 95% CI:1.14-9.46) was regarded as detrimental factors while both increased education years (OR=0.92, 95% CI: 0.87-0.97) and more exercises (more attendance to the twice-a-day self-initiated aerobic exercises) (OR=0.47, 95% CI: 0.23-0.97) were found protective.
Conclusions: The point prevalence rate of constipation was much higher than other similar studies locally or internationally, but, however, such result also faithfully revealed the fact that constipation is literally a ubiquitous health problem among the chronic schizophrenic inpatients. The researchers suggested that performing health education on constipation, enhancing the extent of aerobic exercises and promoting health behaviours for positive cycle, and discussing with the prescribing physicians to simplify the use of antipsychotic agents may mitigate the risk of constipation.

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EPV1836

A first case association of Lambert-Eaton Myasthenic Syndrome and First Episode Psychosis: a case report

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Introduction: Lambert-Eaton Myasthenic Syndrome is an autoimmune neuromuscular junction disorder characterized by proximal weakness, autonomic dysfunction, and areflexia associated with antibodies against voltage-gated calcium channels. Psychotic symptoms can take place in many auto-immune neurological disorders, but their occurrence in myasthenic syndromes has rarely been observed.
Objectives: We report a case of a 21-year-old female with primary autoimmune Lambert-Eaton Myasthenic Syndrome due to anti-voltage-gated calcium channels antibodies subtype P/Q, who developed psychotic symptoms three years after motor symptom onset.
Methods: The patient attended regular psychiatric follow-ups over three years.
Results: With monthly administration, these psychotic symptoms improved after every cycle of intravenous immunoglobulin therapy. The patient displayed partial insight into the mental symptoms. Different causes of reversible psychosis were excluded, such as autoimmune encephalitis and paraneoplastic syndrome, though the patient tested positive for the anti-voltage-gated calcium channels antibodies subtype P/Q. Owing to muscle strength worsening and psychotic episodes, the patient was put on several treatments, including one admission to a Neurology unit. The patient then experienced psychotic exacerbation, leading to treatment with olanzapine at 20 mg/day. Psychotic symptoms persisted but were less severe, with greater intensity at night. After two years, the patient's condition showed significant improvement, with olanzapine increased to 25 mg/day.
Conclusions: This is, to our knowledge, the first described case of psychotic symptoms associated with Lambert-Eaton Myasthenic Syndrome. We speculate that voltage-gated calcium channel antibodies could have a role in developing mental symptoms. However, further hypotheses are discussed. Although the patient had received corticosteroid therapy before symptom onset, the timing and dosage make corticosteroid-induced psychosis unlikely. A primary psychotic disorder, such as schizophrenia, is considered improbable due to the atypical nature of the psychotic symptoms. This case underscores the need for further research on the neurobiological mechanisms linking VGCC antibodies to psychiatric symptoms.

Disclosure of Interest: None Declared

EPV1837

Cognitive Functions in Schizophrenic Patients: A Case-Control Tunisian Study

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Introduction: Cognitive impairments in schizophrenic patients are present from the first psychotic episode and remain relatively stable over time. These cognitive impairments primarily affect memory, attention, executive functions, and social cognition.
Objectives: The aim of this study was to assess cognitive functions in schizophrenic patients by comparing them to healthy controls.
Methods: Methods: We conducted a cross-sectional, descriptive, and analytical case-control study. It included 15 schizophrenic patients and 15 healthy controls. The study was carried out at the Psychiatry « c » Department outpatient unit at Hedi Chaker University Hospital in Sfax, Tunisia. Both cases and controls underwent interviews to answer predefined questionnaires. We used the Screen For Cognitive Impairment in Psychiatry (SCIP) scale in its literary Arabic version for the assessment of cognitive functions.
Results: The average scores for the total SCIP (ST) and its five subscales (Verbal Learning Test-Immediate (VLT-I), working memory (WMT), verbal fluency (VFT), verbal learning-Test-delayed (VLT-D), and processing speed Test (PST)) were 37.40, 12.87, 14.27, 3.93, 2.47, and 3.93, respectively, for the cases, and 47.27, 15, 18.13, 5.40, 4.33, and 4.40, respectively, for the controls. The cases had significantly lower total SCIP scores than the controls (p=0.05), specifically in the WMT (p=0.02) and VLT-D (p=0.01) subscales. There was no significant difference between the two groups in the VLT-I (p=0.241), VFT (p= 0.202), and PST (p=0.598) subscales.
Conclusions: This study found that cognitive deficits in schizophrenic patients primarily involved impairments in working

memory and verbal learning-delayed recall. Early screening for cognitive impairments in these patients should be systematic to specify the deficits and to hasten the integration in the neurocognitive training programs.

Disclosure of Interest: None Declared

EPV1838

Study of the relationship between cognitive deficits and sociodemographic, clinical and therapeutic factors in patients with schizophrenia

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Introduction: Cognitive deficits are a fundamental characteristic of schizophrenia, similar to positive and negative symptoms. They lead to significant disability due to their impact on various domains of life.
Objectives: This study aimed to study the relationship between cognitive impairment and sociodemographic, clinical, and therapeutic factors in patients with schizophrenia.
Methods: This study was carried out in the Psychiatry « c » Department at Hedi Chaker University Hospital in Sfax, Tunisia, involving 15 patients with schizophrenia. We used the Screen For Cognitive Impairment in Psychiatry (SCIP) in its literary Arabic version to assess cognitive functions. Data were analyzed using SPSS version 20.0 software.
Results: The mean age of the patients was 40 ± 12.72 years. Among the participants, 80% (n=12) were single. Seven cases (46.7%) had not exceeded primary education. The mean age of illness onset was 27.8 years, and the mean duration of illness was 13.7 years. Five patients (33.3%) had a family history of psychiatric disorders. All patients were receiving antipsychotics (AP), and 13.2% of them were on Haloperidol decanoate (HD). The mean scores for the total SCIP (ST) and its five subscales (verbal learning test-immediate (VLT-I), working memory test (WMT), verbal fluency test (VFT), verbal learning test-delayed (VLT-D), and processing speed test (PST)) were 37.40, 12.87, 14.27, 3.93, 2.47, and 3.93, respectively. A negative correlation was found between age and performance on the ST, WMT, and PST (r values: -0.515, -0.629, -0.615, respectively). Regarding marital status, VLT-I scores were better in single patients (p=0.007). Our study revealed that the low level of education was significantly correlated with several cognitive tests measured by the SCIP, including the ST, VLT-I, WMT, VFT, and PST. Mean scores for ST, VLT-I, WMT, VFT and PST were significantly lower in patients with illness onset after age 40 (p<0.05). The WMT score was significantly lower in patients with an illness duration exceeding 5 years and in patients with a family history of psychiatric disorders (p values: 0.05; 0.021). The PST score was significantly lower in patients on HD (p=0.038).
Conclusions: Sociodemographic, clinical, and therapeutic factors harm the cognitive abilities of patients with schizophrenia. Thus, it is essential to carry out neurocognitive assessments during the follow-up of these patients, taking into account factors likely to predict cognitive impairment.

Disclosure of Interest: None Declared

EPV1839

First episode of psychosis and transition to schizophrenia: the role of polypharmacy

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Introduction: The early stages after the onset of a first episode of psychosis (FEP) are crucial for the long-term outcome of the disease. Good outcome can be expected in <50% of patients, but three-quarters of all patients who experience a remission from a first episode of psychosis will have a recurrence of psychotic symptoms within a year of treatment discontinuation. Relapse prevention is key to preventing disease progression and further deterioration. Considerable number of patients experiencing a first episode of psychosis, will eventually transition to a diagnosis of Schizophrenia, so maintenance treatment should be the preferred option even in stable patients after a first episode of psychosis to remain in recovery. There is scarce information about differential effectiveness of antipsycotics in the long term. In such an atmosphere, the idea of polypharmacy with antipsychotics arises and may gain more supporters. Despite its obsolence, and unclear therapeutic benefits, as well as significant health risks, polypharmacy with antipsychotics is relatively common. This practice, due to unwanted effects, can lead to the arbitrary discontinuation of medication, and the consequent relapse of psychosis.
Objectives: To determine the association of transition to schiyophrenia after the first episode of psychosis with a monotherapeutic or polypharmacy approach to the use of antipsychotics.
Methods: A retrospective analysis of all hospitalized patients (87 patients, 65.5% were women), diagnosed with first episode of psychosis during a five-year period was conducted. The rate of relapse, and conversion to schizophrenia was analyzed in relation to the therapeutic approach (monotherapy vs polypharmacy with antipsychotics), within one year after the end of hospitalization due to the first episode of psychosis.
Results: 35.6% (31) of the subjects were treated with monotherapy. 25% (8) of them relapsed within a one-year period. 64.4% (56) of patients were treated with polypharmacy. 55.2% (48) of patients were treated with two antipsychotics, and 9.2% (8) with three. 75% (24) of subjects treated with polypharmacy had a relapse of psychosis within a year after discharge. There is a statistically significant difference between the groups of patients (p< 0.05).
Conclusions: A significantly higher rate of relapse, and conversion to schizophrenia within a year after the end of hospitalization due to the first psychotic episode exists in subjects who were treated with two or more antipsychotics compared to subjects treated with monotherapy. The practice of polypharmacy with antipsychotics should remain reserved for individual, specially selected patients.

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