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Introduction: Conspiracy theories are popular during the COVID-19 pandemic. Conspiratorial thinking is characterised by the strong conviction that a certain situation that one sees as unjust is the result of a deliberate conspiracy of a group of people with bad intentions. Conspiratorial thinking appears to have many similarities with paranoid delusions.
Objectives: To explore the nature, consequences, and social-psychological dimensions of conspiratorial thinking, and describe similarities and differences with paranoid delusions.
Methods: Critically assessing relevant literature about conspiratorial thinking and paranoid delusions.
Results: Conspiratorial thinking meets epistemic, existential, and social needs. It provides clarity in uncertain times and connection with an in-group of like-minded people. Both conspiratorial thinking and paranoid delusions involve an unjust, persistent, and sometimes bizarre conviction. Unlike conspiracy theorists, people with a paranoid delusion are almost always the only target of the presumed conspiracy, and they usually stand alone in their conviction. Furthermore, conspiracy theories are not based as much on unusual experiences of their inner self, reality, or interpersonal contacts.
Conclusions: Conspirational thinking is common in uncertain circumstances. It gives grip, certainty, moral superiority and social support. Extreme conspirational thinking seems to fit current psychiatric definitions of paranoid delusions, but there are also important differences. To make a distinction with regard to conspiratorial thinking, deepening of conventional definitions of delusions is required. Instead of the strong focus on the erroneous content of delusions, more attention should be given to the underlying idiosyncratic, changed way of experiencing reality.

Disclosure: No significant relationships.
Keywords: conspiracy theories; paranoid delusions; Covid-19

EPV1434

Quality of life of patients with schizophrenia

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Introduction: Schizophrenia (SCZ) is considered one of the most disabling mental illnesses with significant family, social and occupational repercussions resulting in impaired quality of life (QOL).
Objectives: To assess the QOL of patients with SCZ or schizoaffective disorder (SAD) and to analyze the sociodemographic and clinical factors associated with its alteration.
Methods: This was a cross-sectional, descriptive and analytical study, which began in December 2019, conducted with 60 subjects followed for SCZ or SAD, at the psychiatry outpatient unit of the Hedi Chaker University Hospital in Sfax (Tunisia). General, clinical and therapeutic data were collected using a pre-established questionnaire. QOL was assessed with the «36 item Short-Form Health Survey» (SF-36).
Results: Patients enrolled had SCZ in 78.2% and SAD in 21.8% of cases. The mean age was 47.2 years and the sex ratio M/F was 4.5. They were single in 63.7% of cases and unemployed in 61.8%. Psychiatric family history, the presence of personal somatic illnesses and tobacco use were found in 43.6%, 61.8% and 67.3% of cases, respectively. The average QOL score was 57.7, the average physical health score was 61.1, and the average mental health score was 54.3. Female sex (p=0.02), being single (p=0.039), lack of work activity (p=0.00), tobacco use (p=0.05), and presence of medical history (p=0.034) were statistically correlated with impaired QOL.
Conclusions: QOL in SCZ and SAD is impaired. This result encourages us to conceive of the patient in his whole life and not only from the point of view of the disease.

Disclosure: No significant relationships.
Keywords: Quality of Life; schizophrénia; 36 item Short-Form Health Survey; Schizoaffective disorder

EPV1435

Schizophrenia with obsessive-compulsive suicidal images

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Introduction: Background A 19-year old patient with a history of traumatic childhood events presents herself for suicidal behavior driven by complex auditory hallucinations, self-mutilating behavior, and obsessive-compulsive suicidal images that depicted the patient lying dead on the floor with both wrists cut open. Prior to hospitalization, over the past 10 months, the patient exhibited symptoms of low mood, anhedonia, and an overall decline in school performance which led to a diagnosis of MDD with psychotic symptoms, but treatment with Duloxetine 60mg and Olanzapine 10mg proved to be inefficient.
Objectives: Case Presentation Upon admission the patient's mimic and behavior did not support the described sadness, she presented a circumstantial discourse with frequent thought blockages and delusions. Associated the patient also described hypervigilance and avoidance behavior towards men, flashbacks, vivid nightmares, and obsessive-compulsive self-mutilating impulses and images.
Methods: Initially, treatment was started with Olanzapine 20mg, which was augmented two months later with Sertraline 50mg and Bromazepam 3mg. This treatment led to an incomplete resolution of the obsessive symptoms, which led to the increase of Sertraline at 100mg, but at her 1-month check-up evaluation, she presented increased suicidal ideation and daily obsessive-compulsive images.
Results: The patient was lastly diagnosed with schizophrenia, and due to the persistence of the suicidal ideations and delusions and the obsessive-compulsive symptoms, the treatment plan was revised.
Conclusions: Improvement of symptoms appeared under treatment with 300mg Clozapine and 50mg Fluvoxamine. In total the patient needed 98 days of hospitalization and lasting remission of symptoms appeared only under treatment with Clozapine and Fluvoxamine.

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Disclosure: No significant relationships.
Keywords: schizofrenie; obsessive-compulsive; suicidal ideation; clozapine

EPV1436

Family support in treatment of patients diagnosed with schizophrenia: a case report

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Introduction: Schizophrenia is often accompanied by functional deterioration which can impede a person's everyday activities. Families are an important part in providing care for their ailed member, but often lack resources to deal with different challenges included in such care. Mental health professionals treating such patients sometimes neglect the importance of including their families, or primary caretaker in the treatment plan.
Objectives: We will present two cases of patients diagnosed with schizophrenia with prominently negative symptoms and the challenges met by their caretakers and mental health professionals in the treatment.
Methods: Patient history, psychiatric evaluation, psychiatric treatment, and the role of the family will be presented.
Results: 21 years old patient came with his mother after years of not meeting the expected level of functioning. He was misdiagnosed for a couple of years. His treatment was impeded by loss in the family, which also affected both him and his mother. Inability to include her earlier in his treatment became a challenge. Second patient has been treated for schizophrenia with dominant negative symptoms, inconsistently, for ten years. Her family became more involved in her treatment only after she presented with positive symptoms. Their involvement was important as it resulted in patient's better compliance.
Conclusions: Supporting a family member diagnosed with schizophrenia can be overwhelming for the families. Including family members in the treatment early on, can be beneficial both for the patient and the family.

Disclosure: No significant relationships.
Keywords: negative symptoms; schizophrénia; Family; Treatment

EPV1437

Paliperidone palmitate-induced enuresis: a case report

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Introduction: Schizophrenia is a severe mental illness that requires long-term treatment with antipsychotics and the intramuscular (IM) long-acting injectable (LAI) formulations may enhance treatment adherence. Some antipsychotics have been associated with enuresis, including atypical antipsychotics such as risperidone (6.2%), quetiapine(6.7%), olanzapine (9.6%) and clozapine (20.7%) [1]. Although oral paliperidone has been related to urinary incontinence, there is only 1 report of urinary incontinence linked to monthly paliperidone palmitate [2]. [1] Harrison-Woolrych, M., Skegg, K., Ashton, J., Herbison, P., Skegg, D.C., 2011. Nocturnal enuresis in patients taking clozapine, risperidone, olanzapine and quetiapine: comparative cohort study. British Journal of Psychiatry 199, 140–144. doi:10.1192/bjp.bp.110.087478 [2] Karslıoğlu, E.H., Özalp, E., Çayköylü, A., 2016. Paliperidone Palmitate-induced Urinary Incontinence: A Case Report. Clinical Psychopharmacology and Neuroscience 14, 96–100. doi:10.9758/cpn.2016.14.1.96
Objectives: To establish an association between paliperidone palmitate and enuresis.
Methods: Case report and a narrative review of the literature.
Results: The patient was a 25-year-old healthy man when he was diagnosed with schizophrenia. Doctors prescribed paliperidone palmitate (LAI) 200mg monthly and he started to complain of enuresis. He was clearly suffering with this unpleasant and embarrassing adverse effect so the LAI was reduced to 150mg. Enuresis remained, so it was prescribed oxybutynin 20 mg/day and the patient improved.
Conclusions: We reported a case in which enuresis is likely to be associated with high-dose paliperidone LAI (with no clinical evidence of an organic cause). To treat it, the most effective strategy was oxybutynin 20 mg/day. This case is also important to show the impact of this symptom, which is not actively investigated.

Disclosure: No significant relationships.
Keywords: paliperidone; schizophrénia; enuresis

EPV1438

Effect of Semaglutide versus placebo on psychotic symptoms and quality of life - a pre-specified secondary analysis of HISTORI: A randomized clinical trial in people with pre-diabetes and schizophrenia

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Introduction: Life expectancy of people with schizophrenia is reduced by 10-20 years compared to the general population. The excess mortality is part due to an increased prevalence of cardiovascular disease, prediabetes and obesity, which are in part due to antipsychotic treatment. Gaining weight is associated with reduced quality of life and also among the most frequently reported reasons for the discontinuation of treatment. Lifestyle changes have a time limited effect, and therefore, interest has focused on Glucagon-Like Peptide 1 receptor agonist treatment. Semaglutide, currently used to treat type 2-diabetes in doses up to 1.0 mg once-weekly, has shown promising results regarding weight loss in doses up to 2.4 mg once-weekly. It may also be able to reduce the risk of developing diabetes and cardiovascular disease.