15, 2025 who were followed up at RAZI psychiatric Hospital in Tunisia. Cognitive function was assessed using the Arabic version of the Montreal Cognitive Assessment (MoCA) scale. Details of patients' antipsychotic prescriptions were obtained through review of their medical files.
Results: We included 56 patients with schizophrenia and 14 patients with SAD with a mean age of 42 years (SD, 11). Sixty seven percent of our population were male(n=47) and almost 76% (n=53) were single. Among the patients, 27% (n = 19) were receiving atypical antipsychotics (AAP), 52% (n = 36) were on classical antipsychotics (CAP), and 21% (n = 15) were prescribed a combination of both. The median MoCA score was 20(interquartile range, 16-25; range 5-30). Cognitive dysfunction was found in 74,3% of our population(n=52). Patients receiving AAP had significantly higher MoCA scores (p = 0.005), whereas those on CAP showed significantly lower MoCA scores (p = 0.001).
Conclusions: Our findings suggest that the use of first-generation antipsychotics is associated with cognitive impairment, whereas atypical antipsychotics exert a protective effect. These results highlight the importance of carefully selecting antipsychotic treatment to optimize cognitive outcomes in patients with schizophrenia and schizoaffective disorder.

Disclosure of Interest: None Declared

EPV1548

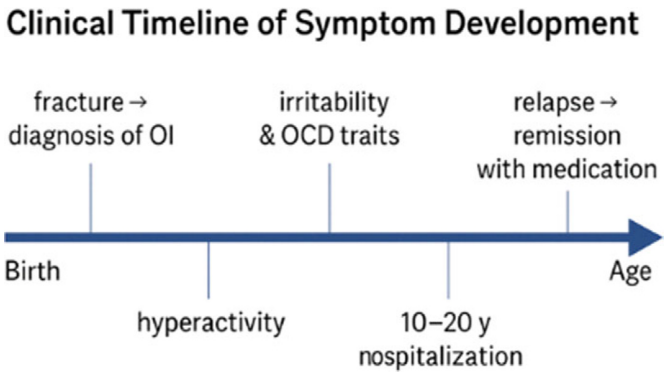
Psychiatric Manifestations in a Young Man with Osteogenesis Imperfecta and Family History of Schizophrenia: A Case Report

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Introduction: Osteogenesis Imperfecta (OI) is a congenital connective tissue disorder caused by abnormalities in type I collagen, leading to bone fragility and recurrent fractures.
This report describes a young man with OI and a strong family history of schizophrenia who exhibited a developmental progression of psychiatric symptoms—from childhood hyperactivity and obsessive traits to the onset of psychosis in early adulthood. This case highlights the need for early psychiatric monitoring and coordinated multidisciplinary care in patients with OI who present with behavioral or emotional changes.
Objectives: The objective of this report is to demonstrate how biological vulnerability, developmental factors, and psychosocial stressors can interact to produce psychosis in a patient with Osteogenesis Imperfecta (OI). We describe the progression of symptoms from childhood behavioral difficulties to psychosis in early adulthood, examine the influence of family history and chronic illness, and emphasize the need for ongoing psychiatric monitoring and integrated multidisciplinary care in medically complex patients.
Methods: This case was analyzed through retrospective review of hospital records, outpatient follow-up documentation, and radiologic findings. Data collection included demographic details, developmental and family history, psychiatric evaluations, and pharmacological interventions. MRI brain without contrast was performed to rule out structural or ischemic abnormalities.
The patient's symptom trajectory was mapped across developmental stages to evaluate patterns of progression and remission. All psychiatric diagnoses were made according to DSM-5 criteria, and treatment response was assessed clinically over several months.
Results: The patient is a 25-year-old male with a strong hereditary vulnerability, as his father has schizophrenia and his mother has obsessive-compulsive disorder. He was diagnosed with Osteogenesis Imperfecta at 35 days of age following a complete bone fracture and received early treatment with Alendronate, Calcium, and Vitamin D, though no ongoing therapy continued into adulthood. This case shows how genetic risk, chronic physical illness, and developmental stress can interact to produce psychosis in OI.

Image:



Conclusions: This case demonstrates that psychiatric manifestations in Osteogenesis Imperfecta (OI) can arise from a multifactorial interaction between genetic predisposition, neurodevelopmental challenges, and chronic psychosocial stress. Even in the absence of neuroimaging abnormalities, patients with OI may show vulnerability to severe psychiatric disorders such as psychosis. Early psychiatric assessment, consistent pharmacological treatment, and long-term multidisciplinary follow-up are essential for stabilizing mental health and improving quality of life in patients with chronic congenital conditions like OI.

Disclosure of Interest: None Declared

EPV1550

Adherence to Long-Acting Injectable Risperidone ISM in a Community Psychiatric Setting: A Real-World Observational Study

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Introduction: Schizophrenia affects over 24 million people worldwide and is a leading cause of disability (Collaborators Eur Neuropsychopharmacol 2024; 93: 1-12).

Antipsychotics are the cornerstone of treatment, reducing symptoms and relapse (Leucht et al. Lancet 2012; 379: 2063-2074). Yet up to 50% of patients are non-adherent (Llorca et al. Eur Psychiatry 2013; 28: 1-8). As many as 60% discontinue after 3 months and 80% after 2 years, with a five-fold higher relapse risk in those who stop treatment (Leijala et al. BMC Psychiatry 2021; 21: 37). Long-acting injectables (LAIs) were developed to improve adherence and detect missed doses (Correll et al. CNS Drugs 2021; 35: 215-233). Risperidone ISM, a once-monthly LAI without oral supplementation, has proven efficacy in trials, but real-world data are scarce. Meta-analyses confirm LAIs reduce relapse and hospitalization compared with oral antipsychotics (Kishimoto et al. Lancet Psychiatry 2021; 8: 387-404).

Objectives: To assess adherence to risperidone ISM in a community psychiatric setting, comparing adherent and non-adherent patients, and evaluating rehospitalizations and outpatient visits.

Methods: This retrospective study included 44 patients who initiated risperidone ISM, all diagnosed with a psychotic spectrum disorder. Patients with fewer than three injections (n=10) or dropout within the first three injections (n=3) were excluded. The final sample comprised 31 patients. Adherence was defined as continuation without dropout (n=21). Non-adherence was defined as dropout after ≥4 injections (n=10). Demographic and clinical data were collected. Outcomes were rehospitalizations and outpatient visits, standardized by months of follow-up. Chi-square and Mann–Whitney U tests were used.

Results: No significant differences were found in age, sex, or substance use. Schizophrenia was more frequent among adherent patients compared with other psychotic spectrum disorders. Clinical outcomes are shown in Table 1: mean rehospitalization rates were low in both groups (0.022 vs 0.050 per month, p=0.56). Outpatient visits were more frequent among adherents (2.37 vs 2.07 per month), though not significant (p=0.11).

Table 1. Demographic and clinical characteristics of the sample

Variable	Adherent	Non-adherent	p-value
Age, mean ± SD	42.1 ± 11.3	40.7 ± 10.8	0.72
Sex, male %	61.9	60.0	0.91
Schizophrenia diagnosis %	66.7	40.0	0.04*
Rehospitalizations/month	0.022 ± 0.08	0.050 ± 0.11	0.56
Outpatient visits/month	2.37 ± 0.83	2.07 ± 1.77	0.11

Conclusions: Two-thirds of patients remained adherent to risperidone ISM. Adherence was higher in schizophrenia than in other psychotic spectrum disorders. While rehospitalizations did not differ, adherent patients tended to maintain greater outpatient engagement. These findings stress the importance of continuity of care in sustaining LAI adherence.

Disclosure of Interest: None Declared

EPV1551

Neuropsychiatric Manifestations in Methylmalonic Acidemia and Homocystinuria of Adult Presentation. A Case Report

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Introduction: Each neurometabolic disorder is individually rare, but their cumulative incidence is relatively high, around 1/1,500 to 1/5,000 live births.

In neurometabolic diseases, there is a deficit in the transformation of a substrate that prevents the production of one or more enzymes. Common neuropsychiatric manifestations associated with vitamin B12 deficiency include motor, sensory, and autonomic symptoms, cognitive impairment, mood disorders, and psychotic symptoms.

Psychiatric manifestations are considered a particular form of presentation which, precisely because of their isolated nature, make diagnostic identification difficult, given that behavioral changes in these NME generally have an insidious onset.

Objectives: Objective: To report the neuropsychiatric alterations associated with inborn errors of vitamin B12 metabolism in adults

Methods: Case report.

Results: 30-year-old woman who starts with anxiety, difficulty in daily organization, suspected to be reactive to active mourning and initiation of Duncan's hyperproteic diet; 7 months later she debuts with acute encephalopathy (confusion, bradypsychia, parkinsonism), admitted to ICU for focal status epilepticus coinciding with the initiation of parenteral feeding. Brain MRI showed pericerebellar and basal ganglia hyperintensity, although LP showed no alterations, Hashimoto's encephalopathy was initially diagnosed with minimal response to corticosteroids. The evolution in the following 4 months was torpid, persisting frontal-subcortical dysfunction, with bradypsychia, loss of skills, memory, language, gait and behavioral alterations (irritability, agitation), as well as psychotic symptoms with polymorphous delusional ideation: of harm, control and pregnancy with auditory hallucinations. She was admitted to Neurology to study the picture and was referred to Psychiatry. Due to hyperhomocysteinemia and hyperammonemia and aciduria in urine, genetic screening was performed to rule out alteration of Vitb12 metabolism, diagnosing methylmalonic aciduria with homocystinuria due to deficiency in MMACHC (cbIC) (anomaly in the synthesis of adenosylcobalamin (AdoCbl) and methylcobalamin (MeCbl), which are coenzymes derived from Vitb12). She was treated with Vit B12 and B9 supplements, L-carnitine, betaine, and paliperidone, with significant early improvements in biochemical parameters, and later in clinical manifestations. After discharge he did not present psychosis again.

Conclusions: alterations in cobalamin metabolism may present psychiatric alterations. The manifestations are usually very polimorfic.

Disclosure of Interest: None Declared