conversation, somatic concern, tension, unsual tought content, lack of judgment and insight. Total negative symptoms were correlated with psychiatric family history.
Conclusions: Considering a history of suicide attempts is a risk factor for suicide, more studies are needed to evaluate patients with such a history in order to identify the constelation of risk factors with a high predictibility value for suicide. This could help implement prophylactic measures in clinical practice that would decrease suicidal behaviour in schizophrenia.

Disclosure: No significant relationships.
Keywords: schizophrénia; Suicide; risk factors; PANSS

EPV1396

Assessment of depressive symptoms in hospitalized patients with schizophrenia

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Introduction: The prevalence of depressive disorders in patients with schizophrenia is estimated at 25%. Nevertheless, depressive symptoms occurring during the acute decompensation of schizophrenia have rarely been studied.
Objectives: The aim of our study was to assess depressive symptoms in hospitalized patients suffering from schizophrenia.
Methods: We conducted a cross-sectional, descriptive and analytical study, including 30 schizophrenic patients, hospitalized in the psychiatry B "department of the Hedi Chaker university hospital in Sfax. The assessment of clinical severity of schizophrenia was performed by the Positive and Negative Syndrome Scale (PANSS), that of depressive symptoms by the "Calgary Depression Scale for Schizophrenia" (CDSS).
Results: The mean age of patients was 41.2. Most of patients were male (86.7%) and unemployed (83.3%). Only 13.3% of them were married. Patients were hospitalized 8.83 times in average. A personal history of suicide attempts was found in 16.70% of cases. The mean score in the CDSS scale was 5.12. According to the CDSS score, a depressive state was diagnosed in 36.7% % of patients. Depression was associated with significantly more frequent history of suicide attempts (p=0.028), as well as significantly higher scores in the positive dimension of the PANSS (p=0.03).
Conclusions: Our results show that depressive symptoms are common during the acute decompensation phase of schizophrenia. They are associated with impaired functioning of patients, as well as a higher risk of suicide. Screening for depressive symptoms in patients hospitalized for schizophrenia is therefore essential in order to ensure better management.

Disclosure: No significant relationships.
Keywords: schizophrénia; Depression; decompensation; acute

EPV1397

Smoking in patients with schizophrenia : "No smoking without fire"

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Introduction: More than half patients with schizophrenia are smokers. Heavy smoking has been correlated to more severe positive symptoms, a higher number of hospitalizations and a less efficiency of antipsychotics. Unfortunately, abstinence is difficult to achieve in these patients, therefore it is importance of understanding the link between smoking and psychosis.
Objectives: Analyzing the complex relationship between schizophrenia and nicotine's effects on the human brain.
Methods: The study was a review of literature over the past 10 years based on the pubmed database.
Results: Smoking might be a precipitating factor in the development of schizophrenia since it preceded the onset of this illness for several years.Shared genetic background was also emphasized establishing a complex biological link between nicotine and schizophrenia.
In another approach, the "self-medication hypothesis" has been proposed suggesting a beneficial effect of nicotine on both cognitive impairment and negative symptoms in schizophrenia, related to the regulation of the dopamine and nicotinic receptor systems. But this conclusion is controversial since other studies concluded to a more neurocognitive impairment in smokers compared to controlled population.
Conclusions: Smoking in schizophrenia is a complex "phenomenon" that remains, so far, misunderstood. Greater differences might exist between heavy and light smokers making it more difficult to point out the exact effect of nicotine on the brain. Smoking cessation therapies taking into account the specificity of patients with schizophrenia should be more developed.

Disclosure: No significant relationships.
Keywords: schizophrénia; self-medication hypothesis; cigarettes; smoking

EPV1398

Paraphrenia: a lost concept

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Introduction: Paraphrenia consists on a syndrome of insidious development with a chronic delirium of great phenomenological richness, predominating productive or delusional-hallucinatory forms and with time it evolves to pure fabulation. Delusions appear in 100% of cases predominating persecution, reference and false identifications. It is a classic term that disappeared with DSM-III, but is still useful for the description of certain clinical cases.

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Objectives: Presentation of a case that clearly defines the classic term paraphrenia, which is now a days lost in new classifications.
Methods: We carried out a literature review of the term paraphrenia and presented a real case of a patient interned in our psychiatric ward.
Results: A 55-year-old woman, was without treatment or attendance to her psychiatrist for years, admitted to the hospital due to public disturbance. Even the lack of treatment did not repercuss greatly emotionally or behaviorally. During our interviews, she showed an expansive discourse rich in delirious content, as well as thought transmission and reading, auditive hallucinations and corporal influence. As we can see, this case exposes what would have classical been classified as a case of paraphrenia, nowadays we cannot find a better term to name this group of symptoms with the current classifications.
Conclusions: We can conclude that paraphrenia is halfway between schizophrenic disorganization and paranoic structuring. The personal deterioration is significantly lower than in schizophrenia and the expression of delirium differs from paranoia. Even though actual classifications provide simplicity and pragmatism, we risk losing the semiological and phenomenological richness of classic terminology.

Disclosure: No significant relationships.
Keywords: Paraphrenia; Chronic delusion; Classic termionolgy; Expansive discourse

EPV1399

The association between area-level residential instability and gray matter volume changes

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Introduction: Area-level residential instability (ARI), an index of social fragmentation, has been shown to explain the association between urbanicity and psychosis. Urban upbringing has been shown to be associated with decreased gray matter volumes (GMV)s of brain regions corresponding to the right caudal middle frontal gyrus (CMFG) and rostral anterior cingulate cortex (rACC).
Objectives: We hypothesize that greater ARI will be associated with reduced right posterior CMFG and rACC GMVs.
Methods: Data were collected at baseline as part of the North American Prodrome Longitudinal Study. Counties where participants resided during childhood were geographically coded using the US Censuses to area-level factors. ARI was defined as the percentage of residents living in a different house five years ago. Generalized linear mixed models tested associations between ARI and GMVs.
Results: This study included 29 HC and 64 CHR-P individuals who were aged 12 to 24 years, had remained in their baseline residential area, and had magnetic resonance imaging scans. ARI was associated with reduced right CMFG (adjusted β = -0.258; 95% CI = -0.502 – -0.015) and right rACC volumes (adjusted β = -0.318; 95% CI = -0.612 – -0.023). The interaction terms (ARI X diagnostic group) in the prediction of both brain regions were not significant, indicating that the relationships between ARI and regional brain volumes held for both CHR-P and HCs.
Conclusions: Like urban upbringing, ARI may be an important social environmental characteristic that adversely impacts brain regions related to schizophrenia.

Disclosure: No significant relationships.
Keywords: clinical high risk for psychosis; grey matter volume; residential instability; area-level factors

EPV1401

A case report of inhibition and severe desnutrition: negative symptoms in resistant schizophrenia

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Introduction: The appearance of inhibitory symptoms encompassed in what are known as negative symptoms is part of the usual symptoms of schizophrenia. Sometimes this inhibition reaches a significant severity, so it is essential to know its approach.
Objectives: Case report and literature review regarding the treatment of resistant schizophrenia with a predominance of negative symptoms
Methods: We present the clinical case of a 28-year-old man diagnosed with schizophrenia at 23 years old, whose onset was characterized by delusional ideas of harm (poisoning) and delusions with a mystic-religious theme that lead him to reduce his intake until requiring a first admission for severe desnutrition. Subsequently, after two more admissions, the patient presents selective reduction in food intake, decrease in daily activity and apathy without positive symptoms.
Results: Throughout the treatment, several lines of antipsychotic treatments have been tried at the maximum tolerated dose (haloperidol, oral paliperidone and depot, aripiprazole and clozapine up to a dose of 600 mg). Clozapine resistance required testing various augmentation strategies (Venlafaxine, Lamotrigine and Electroconvulsive therapy) with low results. Finally, to complement the treatment, the patient was transferred to a mid-stay unit where psychosocial treatment with a multidisciplinary approach was started. This has allowed more continuous follow-up and thus a partial improvement of the clinic.
Conclusions: Numerous studies describe numerous augmentation strategies for clozapine-resistant schizophrenia with negative symptoms. However, the results are still inconclusive, needing

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