toward his family and the obsessive egodystonic ideation turned into delusional egosyntonic ideation. Over the years, the patient shows intermittent obsessive-compulsive behavior while sustaining schizophrenia symptoms, particularly the negative symptoms.
Conclusions: Despite the controversy associated with the recently proposed new subgroup of schizophrenia, the schizo-obsessive disorder, we believe the patient described fits the diagnosis. Clinicians managing patients of schizophrenia should evaluate the patients thoroughly for presence of comorbid obsessive-compulsive symptoms/disorder and must take the same into account while managing the patients.

Disclosure: No significant relationships.
Keyword: Schizo-Obsessive Disorder

EPV0597

Challenges in schizoaffetive disorder therapeutic – a case report of a patient with hiperprolactinemia

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Introduction: The only FDA approval therapeutic for schizoaffective disorder is paliperidone. Hiperprolactinemia is one of the most frequent side effects induced by first generation antipsychotics (FGA) or by second generation antipsychotic (SGA), such as risperidone and paliperidone. Prolactin related symptoms (PRS) include amenorrhea, galactorrhea, gynecomastia and fluctuations in psychotic symptoms.
Objectives: To report the case of a patient with schizoaffective disorder difficult to manage due to symptom resistance and PRS, that improved symptomatology when prolactin serum levels were reduced.
Methods: Clinical-demographic data collected by clinical interview and clinical process consultation. Non-systematic literature review, searching "psychosis"; "prolactin"; "antipsychotic"; "schizoaffective disorder" on Pubmed database.
Results: We report the case of 33 years-old female, admitted to our psychiatry inpatient unit for persecutory delusions, loosening of association, auditory hallucinations, and irritability with functional impairment. Symptoms began 13 years before. She was medicated with paliperidone 100mg IM monthly, lithium 800mg daily and clozapine 225mg daily. When admitted she wasn't adhering to oral medication. On physical examination presented some PRS. The serum presented hyperprolactinemia and lithium in non-therapeutic levels. Initially was re-introduced the previous therapeutic without improval. It was made a therapeutic switch to associate aripiprazole 400mg IM monthly and clozapine 225mg daily, and lithium 800mg daily resulting in prolactine normalization and subsequent improval of psychotic symptoms previously presented.
Conclusions: This case reports challenges in management of patients diagnosed with Schizoaffetive Disorder due to therapeutic refractoriness and side effects. PRS can be ruling, therefore impacting therapeutic choices. We propose a possible role of combination of clozapine and aripiprazole in this scenario.

Disclosure: No significant relationships.
Keywords: schizoaffective disorder; prolactin; antipsychotic; psychosis

EPV0598

It's never lupus: A case of atypical psychosis and neuropsychiatric lupus

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Introduction: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease involving the production of autoantibodies with consequent involvement of multiple organ systems. Although not an uncommon condition, its pleomorphic neuropsychiatric manifestations imply consideration of SLE as a relevant differential diagnosis. As many as 50% of patients with SLE have neurological involvement throughout their disease course and it is associated with impaired quality of life, high morbidity and mortality rates.
Objectives: Case report study and discussion.
Methods: The authors present a case of a 50-year old woman without previous psychiatric history presenting to the psychiatric department with suicidal ideation in association with psychotic symptoms of rapid onset. She presented with various somatic symptoms including butterfly rash, alopecia, nail dystrophy and generalized myalgia and arthralgia. After conducting a thorough clinical investigation with subsequent unveiling of various alterations including those in the antibody panels and abnormal magnetic resonance imaging results, a diagnosis of neuropsychiatric lupus was established.
Results: Improvements in initial psychiatric symptoms were noted after completing pulse corticoid therapy for SLE with adjunct antipsychotic medication. On follow-up, the patient demonstrated a complete return to previous mental functioning with no reported relapses.
Conclusions: This case demonstrates the heterogeneous presentations that neuropsychiatric lupus can assume. The vast array of psychopathological signs and symptoms in SLE continue to exist as a significant diagnostic and therapeutic challenge. Timely identification resulting from a proactive approach in maintaining lupus as part of our differentials may prevent the significant morbidity and mortality commonly associated with the resultant central nervous system involvement in SLE.

Disclosure: No significant relationships.
Keywords: Systemic Lupus Erythematosus; Neuropsychiatric Lupus; psychosis

EPV0599

Schizophrenia: Four new hypotheses

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Introduction: Schizophrenia is a chronic and debilitating psychiatric disorder. Affecting social, emotional, perceptive, and cognitive

domains, its clinical phenotype can be subdivided into positive and negative symptoms, and those of cognitive impairment. As the knowledge base behind the social and environmental origins accumulates, the etiological and neuropathophysiological mechanisms behind them remain elusive.
Objectives: To review the latest developments in potential etiological hypotheses linked to schizophrenia.
Methods: A non-systematic review was performed, searching Pubmed for articles published between the years of 2019 and 2020.
Results: (1) Common genetic variants alter brain glycosylation and may play a fundamental role in the development of schizophrenia. The strongest coding variant in schizophrenia is a missense mutation in the manganese transporter SLC39A8, which is associated with altered glycosylation patterns in humans, resulting in modification of a subset of schizophrenia-associated proteins. (2) Failure of oligodendrocytes and astrocytes to differentiate contributes to several of the key characteristics of schizophrenia, including hypomyelination and abnormalities in glutamate and potassium homoeostasis. (3) Diglossia was hypothesized as a risk factor, as it could constitute a neurodevelopmental insult. This relationship may be mediated by the reduced lateralization of language in the brain. (4) The first brain-wide resting state effective-connectivity neuroimaging analysis proposed going beyond the disconnectivity hypothesis, drawing attention to differences between back projections and forward connections, with the backward connections from the precuneus and posterior cingulate cortex implicated in memory stronger in schizophrenia.
Conclusions: These novel insights may be a promising step in the right direction, presenting not only new approaches towards the complex pathogenesis of schizophrenia, but also eventual early interventions.

Disclosure: No significant relationships.
Keywords: schizophrénia; Hypothesis

EPV0600

Psychosis and homicide

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Introduction: Violence and crime committed by individuals with mental disorders has been the focus of growing interest among mental health professionals.Added to psychopathological disorders, individual, socio familial and therapeutic factors can be involved in the criminogenic risk.
Objectives: To assess the characteristics of homicide in Tunisian patients with psychosis and to establish their sociodemographic, clinical and therapeutic characteristics.
Methods: We reported7cases of patients who attended Psychiatric department"A"at the Hedi Chaker university hospital in Sfax,Tunisia,between January2014 and September2019.They were hospitalized for committing homicide and penal irresponsibility was recognized.
Results: The homicide acts were matricide in 3cases, parricide in one case and conjugal homicide in one case.The homicide was not premeditated, committed by using knife weapon in 3cases and a blunt object in 4cases.The crime was done in the family home in the majority of cases(71.42%). The average age of patients was 34years. They were in almost cases(85.71%) male. Six patients (85.71%) had very low educational and income levels. They were mostly unmarried(71.42%)and unemployed(71.42%).Alcohol consumption was observed in3patients.However, we did not found any substance use. According to DSM-5,six patients were diagnosed with schizophrenia and one case with schizoaffective disorder.The majority (85.71%) had previous psychiatric folow-up. Furthermore, interruption of treatment was the rule.Five patients had a previous record of violent behavior towards the victim.Judicial history was notified among one patient.The persecution and influence delusion were found among 6cases.
Conclusions: Homicidal behavior is extremely rare.Evaluation of different variables of homicide's act and offender is a fundamental issue for developing preventive and therapeutic strategies to deal with such criminal behavior.

Disclosure: No significant relationships.
Keyword: homicide-crime-violence-psychosis

EPV0601

Combined use of clozapine and cariprazine in treatment-resistant schizophrenia, is it a good choice?

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Introduction: Treatment-resistant schizophrenia (TRS) affects 30% of people with a diagnosis of schizophrenia, and is defined as nonresponse to at least two trials of antipsychotic medication of adequate dose and duration. Clozapine is the only evidence-based treatment for TRS. Cariprazine may be considered significantly more efficacious than risperidone in improving negative symptoms of schizophrenia.
Objectives: To describe the experience of using cariprazine in combination with clozapine in patients with refractory schizophrenia and negative symptoms.
Methods: Qualitative design. We present a case report study of a 47-year-old male with a diagnosis of TRS, treated in our outpatient mental health clinic for twenty years. The patient experiences crystallized delusional ideas of harm, self-referential, paranoid and mystical-messianic content, phenomena of theft and thought reading, egodistonic auditory hallucinations. No substance use disorder was observed. He made several suicide attempts in the context of intense suffering and psychotic anguish. Clozapine 400mg/day was instituted after no response to treatment with amisulpride, paliperidone, olanzapine or aripiprazole. The intensity of positive symptoms was reduced (experiences of damage, commenting and insulting auditory hallucinations, self-referentiality), as well as the emotional and behavioral repercussions. Persistent negative symptoms appeared such as apathy, abulia, clinophilia, anergy, social isolation, affective flattening, impairing his functionality.
Results: Neuroimaging and periodic blood tests results were normal. Oral cariprazine was added in ascending doses up to 4.5mg with good tolerance. The patient showed remission of apathy, enhancement of behavioral activation, socialization and motivation to perform occupational activities.
Conclusions: Combinations of clozapine with partial agonists may improve the quality of life in refractory schizophrenia.