this event with great details. Also, she said the electric company was involved and they had tried to intoxicate her.
The psychopathological exploration was altered with a correct speech in its form but incoherent in its content. She presented a highly structured delusional plot of prosecution. No major affective disorders were detected. She suffered from reactive insomnia and anxiety.
Evolution
At first, it was torpid, she felt perspicacious and angry about the admission. Later, as the antipsychotic started to work, the symptoms improved and she became calm and collaborative. She has never criticized the delusion plot, but it was encapsulated, and the affective resonance disappeared.
We tried oral aripiprazole and paliperidone but retired both due to bad tolerance. Then we tried risperidone, with good tolerance and response, and started her current monthly treatment with Risperidone 100 mg depot.
After one year, she has kept stable with no relapses and good adherence to the treatment.
Differential diagnosis
The patient meets every diagnostic criteria of Delusional disorder (F22), as she has never experienced hallucinations and the functionality has not significantly decreased through the years. Also, she doesn't meet the second criteria for Schizophrenia (F20).
Conclusions: It is important to explore the evolution of a psychotic disorder in order to differentiate between a schizophrenia and a delusional disorder, as the prognosis differs significantly.
Using Risperidone monthly depot can be a good option for treating a psychotic disorder (Sampson et al. Cochrane Database Syst Rev 2016. 14;4(4)).

Disclosure of Interest: None Declared

EPV0913

Initiation of Paliperidone palmitate 3-monthly injectable in an acute inpatient psychiatric unit

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Introduction: The treatment of patients with severe psychotic disorders presents significant clinical challenges, and the choice of appropriate therapy is essential to ensure long-term stability[1]. In this context, long-acting injectable antipsychotics (LAIs) have emerged as a promising therapeutic option. LAIs were developed to counteract poor treatment adherence in patients with psychotic disorders[2].
Paliperidone palmitate 3-monthly injectable (PP3M) is a novel formulation of intramuscular injectable paliperidone palmitate with a significantly longer half-life than the once-monthly formulation.
PP3M has shown a longer time to relapse and good safety and tolerability in many studies[3].
Objectives: The aim of this work was to describe the profile of patients initiating PP3M in an acute inpatient psychiatric unit.
Methods: A descriptive study was conducted on patients admitted to the acute psychiatric unit from January 2021 to December 2022. The sample included 23 inpatients who initiated PP3M during the admission. Data were collected regarding age, gender, diagnosis, substance abuse, previous antipsychotic treatment, antipsychotic treatment adherence and adverse effects during the admission.
Results: 23 patients sample, with an average age of 44.04 years-old, 16 male and 7 female, diagnosed with psychotic disorder (22) and schizoaffective disorder (1). Out of the 23 patients, 7 had active substance abuse upon admission.
Out of the total simple, 9 of them were prescribed LAIs, with 6 on PP1M (Paliperidone palmitate 1-monthly injectable), 2 on PP3M, and 1 on aripiprazole long-acting injection. Twelve were prescribed oral antipsychotics, including 4 on paliperidone, 4 on risperidone, 1 on aripiprazole, 1 on olanzapine, and 2 on other oral antipsychotics. Two patients did not have a previous antipsychotic prescription.
Among the 23 patients, 17 of them did not have previous antipsychotic treatment adherence.
5 out of the 23 patients experienced adverse effects, with 3 of them having extrapyramidal symptoms and 2 hyperprolactinemia.Upon discharge, 11 out of the 23 patients were prescribed antipsychotic monotherapy with PP3M.
Conclusions: In this sample, we observed that inpatients who initiated PP3M in an acute psychiatric unit were males, with psychotic disorders, lacked adherence to previous antipsychotic treatment. Most of them did not experience adverse effects with PP3M during admission.
More research should be done to assess the use of PP3M in an acute inpatient psychiatric unit.
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EPV0914

Achieving functional remission in schizophrenia: a pilot study

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Introduction: Many patients with schizophrenia are unable to achieve adequate levels of psychosocial functioning and quality of life despite of the remission of illness symptoms. According to previous reports, only one-third of patients with symptomatic

remission reach functional remission. While current pharmacotherapy options seem to be relatively effective for different symptoms of schizophrenia (e.g. positive symptoms), more specific psychosocial interventions that could enable functional remission are yet to be developed.
Objectives: Our objective is to investigate differences in psychopathology, quality of life, functioning, and achieving functional remission before and after specific group treatments developed in our clinic.
Methods: We will conduct a prospective study including a consecutive cohort of female patients older than 18 years of age, which fulfilled the criteria for schizophrenia and schizoaffective disorder according to the International Classification of Disorders, 10th revision. Exclusion criteria are intellectual disabilities, mental disorders due to known physiological or neurological conditions, lactation or pregnancy, treatment with medications that can provoke psychosis, alcoholism, and other addictions. Patients will be recruited after finished hospital treatment or during individual outpatient controls. The Recovery Helm will be used at the beginning of the treatment, to make individual treatment plan and include patients in specific programs including day hospital treatment and/or outpatient group programs: psychoeducation, relaxation, metacognitive training, and social skills training. Besides collecting sociodemographic data, pre- and post-treatment assessment will include the Positive and Negative Syndrome Scale (PANSS), the Global Assessment of Functioning (GAF), the Quality of Life Scale (QLS), and the "Functional Remission of General Schizophrenia" (FROGS) scale.
Results: We will analyze the changes in psychopathology levels, quality of life, functioning, and achieving functional remission between the two assessment points, taking into account different treatment possibilities.
Conclusions: Evaluation of current available programs can help with recognition of specific needs of patients with schizophrenia and provide guidelines for further development of treatment programs that could be helpful in achieving functional remission.

Disclosure of Interest: None Declared

EPV0915

Treatment resistant FEP (first episode of psycosis) with neuroanatomical findings

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Introduction: Presentantion of the first psychotic episode of a young man and the investigation of the efficacy of treatment with olanzapine and after cariprazine.
Objectives: Assessing the response to treatment of cariprazine in a psychotic patient with relevant neuroanatomical findings.
Methods: A 25-year old man was admitted to the psychiatric intensive care due to his agggressive behavior and verbal abuse, threatening to kill them both. His medical history included long periods of negatively affected mood, social isolation and talking to himself according to his family
Results: Whent the patient was admitted he was very anxious, alert and extremely aggressive. During the interview he admitted auditory and visual hallucinations alongside delusional ideation with a particular aggression towards his father.
Upon admission his PANSS score was 121. positive scale score was 23.
The patient was treated initially with monotherapy olanzapine, gradually increased up to 20mg OD. Olanzapine caused asymptomatic transaminasemia, a relatively common adverse effect. At this point a change in medication was made and olanzapine was stopped and cariprazine was added gradually increasing its dose from 1,5mg to 6mg OD.
Interestingly the medical investigations (brain CT scan) indicated a calcification in falx cerebri.
After a period of 48 days since admission the patient was clinically improved and was discharged. His PANSS score was 72. Positive scale was 10.
Conclusions: The use of cariprazine as a treatment for a first psychotic episode of a young male improved his PANSS score after a 22-day treatment. According to the literature neuroanatomical findings have been associated with poor prognosis regarding the course of the illness. There needs to be further investigation on the efficacy of the long term treatment for this patient.

Disclosure of Interest: None Declared

EPV0916

Acute Stress Induced Catatonic Psychosis in an Adolescent: A Case Report

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Introduction: Childhood maltreatment(CM) can precipitate a range of psychiatric disorders in individuals. Some research show that CM rates are as high as 85% in schizophrenia spectrum disorders (Larsson *et al.* 2013). This case report explores an instance of acute catatonic psychosis in an adolescent following a significant episode of physical and emotional abuse.
Objectives: The aim is to elucidate the clinical presentation, diagnosis, and treatment of trauma-induced acute catatonic psychosis in an adolescent. The report seeks to emphasize the potential link between acute trauma and severe psychiatric disorders in young individuals.
Methods: A thorough review of the patient's clinical records was undertaken, focusing on psychiatric history, symptoms, treatment trials and responses. In parallel, an extensive literature review was conducted to understand the current knowledge on the association between acute traumatic stress and acute psychosis with catatonia.
Results: The patient, a 16-year-old female, presented with severe symptoms of catatonia and psychosis including mutism, posturing, stupor, negativism, auditory hallucinations and persecutory delusions, in addition; eating refusal, urinary and fecal incontinence. Symptoms started immediately following physical and emotional

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