investigate the long-term effect of electroconvulsive therapy on the cognitive functions of schizophrenia patients.
Methods: In this study, 25 patients diagnosed with schizophrenia according to DSM-5 criteria and treated with only pharmacotherapy (FT), 25 patients treated with pharmacotherapy plus electroconvulsive therapy (ECT) those who are inpatients in the psychiatry clinics of Istanbul Bakırköy Prof. Dr. Mazhar Osman Mental Health and Neurological Diseases Training and Research Hospital 28 healthy controls were included. Patients were evaluated clinically with tests during the acute exacerbation period and 3 months later.
Results: During the acute exacerbation period, schizophrenia patients were identified to present poor cognitive performance compared to healthy controls. After three months of treatment, significant clinical improvement was observed in both patient groups. MoCA total scores increased for both groups after treatment. After treatment, TMT-A and TMT-B performance improved in the pharmacotherapy group and TMT-A performance improved in the pharmacotherapy + ECT group. With treatment, there was a significant positive change in the number of categories completed in the WCST in the pharmacotherapy group. In the Stroop Test, the pharmacotherapy group showed significant positive changes in the duration values of all cards and in the interference effect, while the pharmacotherapy + ECT group showed significant changes in the duration values of Stroop 1, 2, 4 and 5 and in the interference effect. In the pharmacotherapy + ECT group, there was a statistically significant positive correlation between the change in PANNS negative subscale scores and the duration of TMT-B and the number of completed categories, perseverative responses and perseverative errors in WCST.
Conclusions: It was observed that treatment modalities are not superior to each other on cognitive functioning in the long term. The improvement in cognitive areas with treatment may be due to a decrease in symptom severity and increased patient compliance with treatment. In this field, prospective, multicenter studies with larger sample sizes, including different drug groups and different ECT modalities are needed.

Disclosure of Interest: None Declared

EPV1745

Cycloid psychosis: revisiting the concept through a case report

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Introduction: The term cycloid psychosis was first introduced by Karl Kleist in 1926 to describe cases that did not meet the typical presentations of schizophrenia or manic-depressive illness. The concept was later developed by Karl Leonard, who proposed three distinct types of cycloid psychoses. Perris and Brockington established the first operational diagnostic criteria for the condition. Cycloid psychosis is characterized by its acute onset, brief duration, polymorphous and shifting symptomatology, a tendency for periodic recurrence, and full inter-episode recovery, with no residual functional impairment following the episodes. Despite its distinct characteristics, cycloid psychosis is not included in the current international psychiatric classification systems.
Objectives: We aim to present a case report and conduct a literature review.
Methods: A narrative review of the literature was conducted, with data collected from the PubMed database. Only English-language studies published in peer-reviewed journals were included in the selection.
Results: Case: A 35-year-old female patient has been presenting, over the last seven years, with episodes characterized by a sudden onset of agitation, acute anxiety (described by the patient as 'an inexplicable sense of fear'), and frequently accompanied by persecutory delusions and auditory commanding hallucinations. Upon observation, the patient typically presents with confusion and perplexity and exhibits a lack of recollection of some previous events. Following the initiation of antipsychotic treatment, a complete recovery is always observed within a few days, with no residual symptoms remaining. In the most recent episode, the patient drove for a few hours to a different city from the one where she lives and had to ask for help from a fire department, as she felt lost and confused and had no memory of the previous events. According to reports from her family, the patient exhibited disorganized behavior, increased irritability, and a reduction in sleep duration during the week preceding the episode. The patient later acknowledged discontinuation of antipsychotic medication. These episodes occurred without any prior substance use, cognitive decline, or underlying medical conditions. The patient had no previous psychiatric complaints or family history of psychiatric disorders. Although the patient was a smoker, there was no history of substance or alcohol abuse. A comprehensive evaluation, including laboratory tests, imaging studies (head CT and brain MRI) and electroencephalography (EEG), revealed no abnormal findings. Considering the range of symptoms and characteristics observed in this clinical case, the patient meets Perris's criteria for cycloid psychosis.
Conclusions: Our case report highlights that cycloid psychosis exhibits a distinctive symptom pattern and clinical outcome, which can support its validity as a nosological construct distinguishable from other disorders in classification systems.

Disclosure of Interest: None Declared

EPV1748

Schizophrenia: can I be a normal person despite my diagnosis?

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Introduction: Schizophrenia is a mental disorder characterized by hallucinations, typically auditive ones, delusions, disorganized thinking and behavior, and flat or inappropiate affect. Symptoms develop gradually and usually begin during young adulthood and are never resolved completely. There is no objective diagnostic test; diagnosis is based on observed behavior, a holistic psychiatric history that includes the person's reported experiences, and reports of others familiar with the patient.

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Objectives:
- Explore what schizophrenia is, its main characteristics and how it differs from other mental disorders.
- Analyze how schizophrenia affects families and interpersonal relationships.

Methods: Middle-aged man who resides with his adoptive parents in a town near the municipal seat, unemployed and longitudinally with few social relationships and a lover of technology. He has attended psychiatric consultations on specific occasions and irregularly without a clear diagnosis. a single admission to a city psychiatric hospital for psychotic symptoms that subsided with medication. Since then, monitoring has been erratic and he has been given medication disguised by his parents during meals. In the last two weeks he has been especially distrustful and suspicious, even with his parents, so he has barely been able to sleep and does not eat properly for fear of being poisoned. He has confined himself to his room and refuses to be evaluated by a doctor and his anguish and emotional lability are increasing. For this reason, he is taken to the emergency room, where he is evaluated and it is determined that he is going through an episode with psychotic characteristics, which is why it is necessary, given the repercussion of the condition and the patient's lack of cooperation, to be involuntarily hospitalized for treatment and stabilization.
Results: During admission, he experiences episodes of intense agitation and serious behavioral alterations that require important pharmacological adjustments. In addition, work is done on awareness of the disease and acceptance of the diagnosis. Although he is initially reluctant to take any type of intervention, he progressively accepts taking medication and understands the nature of his problem, as well as the need to continue monitoring his disorder at an outpatient level. We were also able to provide psychoeducation to the family, thus achieving commitment and support on their part as well, since at first they were reluctant that their son could suffer from schizophrenia, for fear of the stigma and rejection that this could cause.
Conclusions: People with schizophrenia often face social stigmatization, which can lead to further marginalization, isolation and discrimination. This affects their emotional and mental well-being, contributing to a decrease in quality of life. Lack of adequate understanding of the disorder reinforces these myths and perpetuates discrimination.

Disclosure of Interest: None Declared

EPV1749

Efficacy of Xanomeline-Trospium (KarXT) in Reducing Schizophrenia Symptoms: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

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Introduction: Schizophrenia is a severe mental disorder often diagnosed in early adulthood, significantly impacting quality of life and increasing mortality risk. Xanomeline-trospium (KarXT), a combination of a muscarinic cholinergic receptor agonist and a peripheral antagonist, offers a potential new approach.
Objectives: We aimed to perform a systematic review and meta-analysis to assess the efficacy of KarXT compared to placebo in reducing the symptoms of schizophrenia.
Methods: We systematically searched PubMed, Embase, and Cochrane for randomized controlled trials (RCTs) enrolling patients with schizophrenia treated with KarXT versus placebo. Our outcomes included the overall improvement in schizophrenia symptoms, measured by the Positive and Negative Syndrome Scale (PANSS) total score, as well as specific symptom domains assessed by the PANSS positive and PANSS negative subscales. Additionally, the Clinical Global Impressions-Severity (CGI-S) score was used to measure the overall severity of the disorder. We computed mean difference (MD) with 95% confidence intervals (CIs) using R version 4.3.2. Heterogeneity was assessed using I^2 statistics.
Results: Three RCTs were included with 640 patients, of whom 314 (49.1%) received KarXT. There were 509 males (79.5%) and 131 females (20.5%). The average body mass index (BMI) was slightly higher in the KarXT group (29.1) compared to the placebo (28.8). KarXT resulted in a greater decrease in the PANSS total score (MD: -9.74; 95% CI -12.40 , -7.08 ; p<0.001; I^2=0%; Figure 1A), PANSS positive (MD: -3.20; 95% CI -4.04 , -2.36; p<0.001; I^2=0%; Figure 1B), PANSS negative (MD: -1.55; 95% CI -2.28 , -0.81; p<0.001; I^2=22%; Figure 1C) and CGI-S score (MD: –0.60; 95% CI -0.75 , -0.45 ; p<0.001; I^2=24% ; Figure 2).
Image 1:

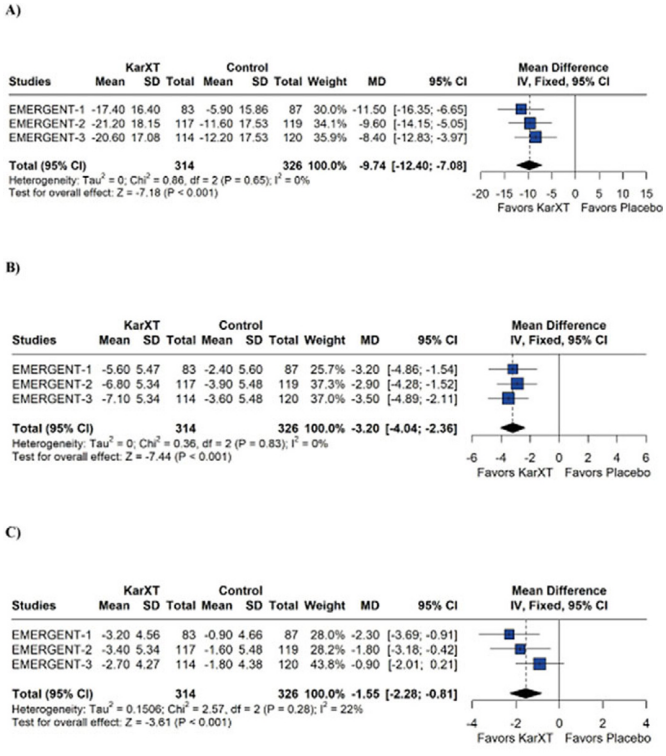


Figure 1 - A) KarXT resulted in a significantly reduced in the PANSS total score (P < 0.001), as well in their subcategories B) PANSS positive (P < 0.001) and C) PANSS negative (P < 0.001).