EPV0594

Spiritually-oriented therapy for endogenous mental patients with comorbid addictive disorders

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Introduction: Spirituality and religious commitment have a "protector" function among mental health patients who abuse psychoactive substances. The main task of spiritually-oriented therapy is not only to reactivate the internal control of a person, but to actualize their experience of communication with God before everything else.
Objectives: Studying the influence of spiritual life-related factors on efficiency of therapy of psychiatric co-morbidities.
Methods: Clinical and psychopathological, clinical follow-up, pathopsychological and statistic.
Results: The research covered 26 patients (the main group) diagnosed with paroxysmal schizophrenia and schizo-affective psychosis in the prospective follow-up with alcohol addiction. All patients practiced Orthodox worldviews though to a different extent, and have been participating in the spiritually-oriented rehabilitation with a family-oriented module for two years. During psychosocial rehabilitation the patients took group and individual training with a multidisciplinary team of experts: psychiatrists, clinical psychologists, specialists in sociotherapy and members of the clergy. The rehabilitation employed the principles of therapeutic community, systematic family approach [Zoricic Z., 2019], notions of coping behavior or coping strategies [Verhagen P., 2019, Pargament, K.I. et al, 2014] as well as spiritually-oriented models of assistance to patients (for example, the religion-oriented strategy of forgiveness based on REACH model [Worthington E. L. et al, 2016]).
Conclusions: Development of a lengthy remission is dependent on changing lifestyle and patterns, and spiritual labor of penance and forgiveness is just as important.

Disclosure: No significant relationships.
Keywords: schizophrénia; comorbid; addictive; effectiveness

EPV0595

From kraepelin to the present. Dementia praecox – a case study

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Introduction: In the late XIXth century Kraepelin described a new nosologic division for the psycothic disorders – Paranoia and Dementia Praecox. He emphasized that dementia praecox is a central nervous system disease, involving permanent lesions on cerebral cortex. Besides biological deterioration, it appears as the result of psychic degenerative process. From the mid-20th century onward, antipsychotic drugs had been robustly generalized, and in parallel to the current classifications, residual symptoms in schizophrenia tend to be rare but still prevail in our patients.
Objectives: The aim of our work is to report a clinical case of residual schizophrenia in parallel with the classic classification of Dementia Praecox and also do an overview of this disorder and its historical perspective.
Methods: We conducted clinical interviews with the patient and family members, reviewed clinical records and conducted a query in the MEDLINE database using the terms " Dementia Praecox ", "Psychosis", "Paranoia", "Kraepelin", "History".
Results: We present the clinical case of a 74-year-old man with onset of psychotic symptoms on his twenties and diagnosed with Schizophrenia. In the past years, after acute psychotic episodes it was increasingly difficult to return to prior levels of functioning. Currently, he was brought to psychiatric emergency ward presenting bizarre behavior, stereotyped movements and speech disturbances, which reveal disorganized thinking and inability to express his emotions.
Conclusions: Although these syndromes are nowadays relatively rare, it is important to keep them in mind, in order to understand the natural progression of psychotic diseases, improve their rehabilitative treatment and prognosis.

Disclosure: No significant relationships.
Keywords: History; psychosis; Dementia praecox; Kraepelin

EPV0596

When psychosis follows obsession – a schizo-obsessive disorder case report

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Introduction: The relation between obsessive-compulsive symptoms and psychosis presents in different ways. While obsessive-compulsive symptoms can present as prodromes of schizophrenia, or in overlap with psychotic phenomenology, a new clinical entity as been proposed as a subgroup of schizophrenia: the schizo-obsessive disorder.
Objectives: The present review aims to emphasize the comorbility between schizophrenia and obsessive-compulsive disorder, bringing to light the importance of early detection and adequate treatment approaches.
Methods: The authors describe the patient's disease progression and discuss the longitudinal dynamics between obsessive-compulsive disorder and schizophrenia, providing a brief and updated literature overview.
Results: The illustrated case addresses a 31-year-old male patient diagnosed with obsessive-compulsive disorder at the age of 16, who later developed delusional ideation compatible with a schizophrenia diagnosis. At the onset of disease, the patient developed obsessive-compulsive symptoms such counting and repetitive hand-washing rituals that later turned into sexual obsessions concerning homossexuality. Following his 25th birthday, the patient became increasingly disorganized with frequent agressive outbursts

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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

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