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First psychotic episode as first manifestation of lyme disease: Case report

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Introduction: Lyme disease (LD) is caused by the spirochete Borrelia burgdorferi (Bb) and has been reported to be associated with various psychiatric presentations.
Objectives: To report a case with LD and to highlight the importance of differential diagnosis in a first psychotic episode.
Methods: Case report and non-systematic review of the literature.
Results: A woman aged 31 was admitted to the psychiatric department, after a car accident with a mortal victim, due to a first psychotic episode with visual hallucinations, disorientation in time and space, persecutory and grandiosity delusions. She had a personal psychiatric history of obsessive-compulsive disorder and no previous admission to an inpatient Unit. On psychotropic drugs the condition failed to improve, and subsequently neurological symptoms developed. EEG abnormalities prompted a lumbar puncture. In the CSF a strong plasma cell reaction with atypical cells was observed. The enzyme immunoassay for Borrelia burgdorferi was positive and after treatment with penicillin the psychiatric and neurological signs and symptoms remitted. Screening assessment followed by a thorough history, comprehensive psychiatric clinical exam, review of systems, mental status exam, neurological exam and physical exam relevant to the patient's complaints and findings with clinical judgment, pattern recognition and knowledgeable interpretation of laboratory findings facilitates diagnosis. Psychotropics and antibiotics may help improve functioning and prevent further disease progression.
Conclusions: LD is relatively rare, but awareness of the association between LD and neuropsychiatric presentations can improve understanding of the causes of mental illness and result in more effective prevention, diagnosis and treatment.

Disclosure: No significant relationships.
Keywords: lyme disease; borrelia; neuroborreliosis; psychosis

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Schizophrenia long-acting antipsychotics initiation index (SLAAII)

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Introduction: Background In individuals with schizophrenia, long-acting injectable antipsychotics (LAIs) have been shown to be beneficial in preventing relapse. An important issue in these individuals is poor medication adherence, which can negatively affect outcomes. Although currently underutilized in comparison with oral antipsychotics, LAIs can be an important treatment option for addressing the high rates of poor adherence to medication in individuals with schizophrenia. There is a lack of published evidence and treatment guidelines on optimal strategies for the initiation of treatment with LAIs, which would at least partly explain why LAIs remain underutilized.
Objectives: Aims The aim of this report is to present an index for initiation of LAI in schizophrenia.
Methods: A restrospective chart review of a cohort of 1000 consecutive patients hospitalized with schizophrenia in Clinical Hospital of Psychiatry and Neurology Brasov, Romania, between 2011 and 2019. The number and reasons of LAIs initiation were evaluated.
Results: Rezults The results shows a reduced number of LAIs initiation and led to the realization of an index entitled Schizophrenia long-acting antipsychotics initiation index (SLAAII) with 6 domains (age, duration of illness, number of relapses, response to oral treatment and antipsychotic available formulation), each with 3 response variants rated with 5 points, 3 points and 1 point. The maximum posible score is 30 points and minimum 6 points. A score above 20 points is a strong indication for LAI initiation.
Conclusions: Schizophrenia long-acting antipsychotics initiation index (SLAAII) could be a very useful tool to facilitate the initiation of LAI treatment in patients with schizophrenia.

Disclosure: No significant relationships.
Keywords: schizophrenia; long-acting antipsychotics; initiation

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Cognitive impairment in first psychotic episodes: The role of cannabis

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Introduction: The role of cannabis on cognitive impairment in first-episode psychosis (FEP) is becoming more important, with multiple investigations on this regard, with heterogeneous results due to different methodologies.
Objectives: To evaluate the cognitive profile in patients who suffer a FEP, analyzing the potential effect of cannabis.
Methods: We present the preliminar results of a cross-sectional case-control study about the effect of cannabis on cognition, in patients suffering a FEP. We recruited a total of 41 FEP during the last two years. We investigated the theorical differences between those who were cannabis users (FEP-Cannabis+)(n=28) and not cannabis users (FEP-Cannabis-)(n=13). We included a control group with healthy subjects who were cannabis users (Healthy-Cannabis+) (n=24).Sociodemographic and clinical questionnaire was completed. The Screening Scale to evaluate Cognitive Impairment in Psychiatry(SCIP-S) and the Cannabis Abuse Screening Test (CAST) were used. The consumption pattern was also evaluated.
Results: In this study, cognitive impairment was found in FEP-Cannabis+,when compared with Healthy-Cannabis+.The most

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