

Regarding the PANSS scale – all score in the interval 75-100 points before initiation as opposed to the scores marked after the initiation of the medication that vary in the interval 34-48 points with definite distinctions in P and G items. Regarding the PSP scale – all participants score between 50 and 70 points before the initiation of the treatment as opposed to the scores of 89-95 points after the initiation. During the regular check-ups the patients report of subjective improvement, coupled with reports of objective and positive improvement by family.

**Conclusions:** Treatment with LAIs – Xeplion and Trevicta has an unquestionable positive and lasting effect in the treatment of schizophrenia. Proof of that is the definite improvement of the symptoms, the increased social engagement and interpersonal communication. Everything mentioned is a valid reason to direct the treatment of schizophrenia in the direction of preservation of the personality of the patients.

**Disclosure of Interest:** None Declared

### EPV0911

#### CT OF THE ENDOCRANIUM IN THE FIRST EPISODES OF PSYCHOTIC DISORDERS

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**Introduction:** CT of the endocranium is an indispensable step in the differential-diagnostic evaluation of a patient with the first episode of psychotic disorder. In this context, the main goal of this diagnostic procedure is to “exclude” the so-called organic disorders of the brain tissue, which could be manifested by psychotic phenomenology. However, during the past decades, pathological changes in the brain parenchyma have been found during neuroimaging studies of psychiatric patients.

With the group of schizophrenic psychoses, the following are most often associated: Expansion of the ventricular system, cortical reductive changes, agenesis of the corpus callosum, a higher frequency of some congenital anomalies of the brain, such as cavum septum pellucidum and cavum verga.

**Objectives:** Consequently, the main goal of our study is to demonstrate the possibility of diagnosing these changes and examine the frequency of cases of so-called secondary psychotic syndromes, where psychotic phenomenology arose on the basis of some other illness.

**Methods:** Data were collected for 145 patients from the Acute Male Department, who were treated in the period 2011-2019. CT scan of the endocranium was performed as part of the diagnostic evaluation during the first psychiatric hospitalization.

**Results:** Out of the total number of examinations (145), 20.7% of patients had a pathological finding, with the following structure: In 6.9% of the age group up to 45 years, moderately expressed (disproportionate for the age) cortical reductive changes were found. Concomitant occurrence of cavum septi pellucid et cavum vergae was observed in 3.4% and isolated septum pellucidum cyst in 1.3% of patients. Post-stroke changes, post-contusion foci, and benign congenital brain tumors were found with a frequency of 1.3%, pronounced cortical reductive changes and pathological

calcifications with a frequency of 3%, while in individual cases (0.68%) the presence of a subarachnoid cyst and atrophy of the cerebellar cortex was recorded

**Conclusions:** CT of the endocranium represents a significant aid in the evaluation of a patient with the first episode of psychotic disorder. However, its use in order to analyze more complex changes in psychiatric patients is significantly limited compared to more modern neuroimaging modalities.

**Disclosure of Interest:** None Declared

### EPV0912

#### GnRh agonists as precipitating components of psychiatric pathology. A case report.

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**Introduction:** GnRh agonists are drugs used in various gynecological pathologies, among which is endometriosis. They act by stimulating GnRh receptors in the pituitary gland. This sustained and continuous stimulation of GnRh, will initially generate an increase in the release of luteinizing hormones and follicle-stimulating hormones, subsequently losing sensitivity to the receptors, internalizing them, and thus suppressing the release of these hormones, which would entail an ovarian suppression, thereby inhibiting the release of estrogens and progesterone. Psychiatric adverse effects have been described. Gonzalez-Rodriguez et al (Front Psychiatry 2020; 11:479), described this association with changes in mood, and the presence of a series of cases where the link between GnRh agonist and the possibility of presenting psychotic symptoms is observed. Wieck (Curr Top Behav Neurosci 2011;8:173-87), Frokjaer (J Neurosci Res 2020;98(7):1283-1292), Brzezinski-Sinai et al (Front Psychiatry 2020;11:693) reported that this association could be related with the relationship of the hypothalamic-pituitary-gonadal axis, hormonal fluctuation and its relationship with the dopaminergic regulation, a genetic component that would increase the predisposition to trigger psychiatric pathology in patients with greater sensitivity to hormonal fluctuations, and the loss of neuroprotection generated by the decrease of estrogens in the central nervous system. All of this in the context of multiple environmental and genetic factors that participate together in the appearance of the disease.

**Objectives:** To describe the importance of detecting the risk factors that can precipitate a psychotic episode, including the use of certain drugs, such as GnRh agonists.

**Methods:** We describe a case of a 45 year old patient with endometriosis with multiple organ involvement who went to the emergency room due to behavioral changes in the context of a brief psychotic disorder with “ad-integrum” recovery.

**Results:** A retrospective analysis of the case is conducted, observing an association between the introduction of GnRh agonists and the presentation of a first psychotic episode.

**Conclusions:** The importance of this case lies in the limited evidence of this association in the literature, and the implication of

these drugs in the triggering of psychiatric pathology, being an aspect to be considered by psychiatrists in their patient's follow-up.

**Disclosure of Interest:** None Declared

## EPV0913

### Relation between stressful life events and psychosis

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**Introduction:** Numerous studies establish clear connections between traumatic childhood experiences and the risk of developing psychosis. According to the study carried out by Filippo Varese, childhood traumas, understanding by; physical, psychological or sexual abuse, abandonment, death of the parent and "bullying", increase up to three times the risk of suffering from psychosis.

#### Objectives:

- Determine the prevalence of traumatic events in the sample studied.
- Determine which traumatic event has a greater relationship with the risk of presenting a psychotic episode.
- To determine whether traumatic events may be more strongly associated or not with gender differences, age at onset and family story.

**Methods:** A descriptive study is carried out in which the traumatic events are evaluated (through the CAVE questionnaire) of 98 patients who have been treated for a psychotic episode in the last two years in the Early Intervention Unit for Psychosis (ITPCan).

The stressful life history questionnaire (CAVE) consists of 52 questions divided into blocks: school stage, work, partner, family, health and other stressful events. All of them focused on those stressful events prior to the onset of psychotic symptoms. Stressful events have been considered to be those events in which the patients studied have scored 10 (maximum score) on the anxiety scale.

Inclusion criteria:

- Older than 18 years-old
- Having presented a first psychotic episode.

Exclusion criteria:

- Intellectual disabilities

**Results:** For now, the data studied in this sample are similar to those described in most of the studies reviewed: more than half of the patients present at least one traumatic event before the onset of psychotic symptoms and a third of these have had any traumatic experience before the age of 18.

The percentage of the presence of at least one traumatic event within the categories of the CAVE questionnaire would be:

14.2% in the school stage

26.7% in the workplace

26% in relationships

24.3% in family relationships

12.1% in events related to the patient's own health problems

**Conclusions:** We continue to increase the sample to have a more significant result.

**Disclosure of Interest:** None Declared

## EPV0914

### Electroconvulsive Therapy for Neuroleptic Malignant Syndrome: A case report

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**Introduction:** Neuroleptic malignant syndrome (NMS) is a rare syndrome observed in around 0.2% of psychiatric patients. This syndrome consists of the presentation of muscular rigidity, tachycardia, hyperpyrexia, leukocytosis and elevated levels of CPK. Any antipsychotic drug, including atypical ones, can cause this syndrome. This being an idiosyncratic response to dopamine receptor antagonist medications.

The use of ECT in patients suffering from NMS is very effective, seeing the progressive resolution of the picture in the first sessions.

**Objectives:** The patient was a 43-year-old man, whose somatic history only highlights hypothyroidism, and according to his psychiatric history, he was diagnosed of mental retardation and paranoid schizophrenia. He was a resident of a group home. And he was recently admitted to a mid-stay psychiatric unit. During this admission, the responsible doctor added haloperidol to his medication regimen. His other medications at the time were; valproic acid, risperidone and trazodone. A few days later, the patient began to present a dysthermic sensation (presenting a temperature of 39°C) and drowsiness. A laboratory tests and a chest X-ray was performed, highlighting: leukocytosis and an increase in elevated creatine phosphokinase (CPK).

Due to his recent exposure to 2 different antipsychotics, with fever, rigidity, and elevated CPK, we considered NMS. Antipsychotics were withdrawn and supportive measures were started. Within the next 2 days, his CPK level began to decline and the fever and leukocytosis resolved. But without resolving muscle rigidity. At the same time, he began to exhibit staring, negativism and prejudice delusions. Therefore, electroconvulsive therapy sessions were started.

**Methods:** .

**Results:** After the third session, his catatonic symptoms increased to better; he became more verbal, with less negativism and the psychotic symptomatology ceased. After the fifth session of ECT, he returned to his initial level and was able to walk to the bathroom without assistance and perform other activities of daily living.

**Conclusions:** It is extremely important that professionals specialized in psychiatry become familiar with ECT and consider this technique as treatment in cases of neuroleptic malignant syndrome.

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