disorders analysis (Figure 1), differential percentage occurrences are identified in patients with borderline personality disorder.

Image:

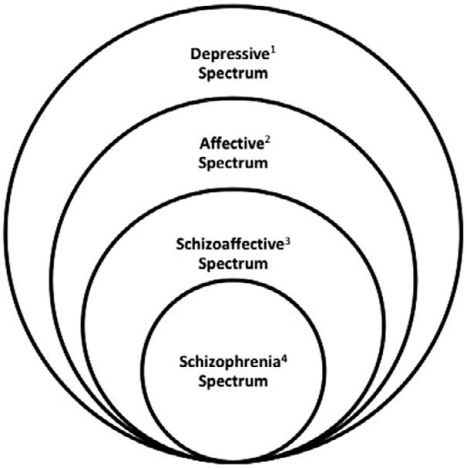

Figure 1. Percentage distribution of spectrums disorders diagnosis in patients with borderline personality disorders (n=346).

Note.

[1]$n_{diagnosis}$=250, %diagnosis$_{707}$=35.36, %patients$_{N=346}$=72.25
[2]$n_{diagnosis}$=188, %diagnosis$_{707}$=26.59, %patients$_{N=346}$=54.34
[3]$n_{diagnosis}$=104, %diagnosis$_{707}$=14.71, %patients$_{N=346}$=30.06
[4]$n_{diagnosis}$=74, %diagnosis$_{707}$=10.47, %patients$_{N=346}$=21.39

Conclusions: Based on clinical diagnoses records of borderline personality disorder patients, some spectrums disorders are highlighted, to be reported in descending order of incidence: depressive, affective, schizoaffective and schizophrenia spectrums.

Disclosure of Interest: None Declared

EPP1029

Delirious episode secondary to rotigotine: the psychotic patch

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Introduction: There is a fine line separating psychiatry and neurology. Most movement disorders can have psychiatric symptoms, not only those caused by the disease itself, but also those induced by the drugs used to treat them.

Objectives: Presentation of a clinical case about a patient diagnosed with Parkinson's disease presenting a several-month-long delirious episode due to dopaminergic drugs.

Methods: Literature review on drug-induced psychosis episodes in Parkinson's disease.

Results: A 57-year-old patient with diagnosis of Parkinson's disease for six years, who went to the emergency room accompanied by his wife due to delirious ideation. He was being treated with levodopa, carbidopa and rasagiline for years, and rotigotine patches whose dosage was being increased over the last few months.

His wife reported celotypical clinical manifestations and multiple interpretations of different circumstances occurring around her. He chased her on the street, had downloaded an app to look for a second cell phone because he believed she was cheating on him, and was obsessed with sex. He had no psychiatric background. It was decided to prescribe quetiapine.

The following day, he returned because he refused to take the medication since he thought he was going to be put to sleep or poisoned. It was decided to admit him to Psychiatry.

During the stay, rasagiline and rotigotine were suspended. Olanzapine and clozapine were introduced, with behavioral improvement and distancing from the psychotic symptoms which motivated the admission. The patient was also motorically stable. Although levodopa is best known for causing psychotic episodes, the symptons were attributed to rotigotine patches for temporally overlapping the dose increase.

Conclusions: Psychiatric symptoms are the third most frequent group of complications in Parkinson's disease after gastrointestinal complications and abnormal movements. All medication used to control motor disorders can lead to psychosis, not only dopaminergics, but also selegiline, amantadine and anticholinergics.

Excessive stimulation of mesocortical and mesolimbic dopaminergic pathways can lead to psychosis, which is the most common psychiatric problem related to dopaminergic treatment.

In the face of a psychotic episode, antiparkinsonian drugs which are not strictly necessary for motor control should be withdrawn. If this is not sufficient, levodopa dose should be reduced, considering the side effects that may occur. When the adjustment of antiparkinsonian treatment is not effective, neuroleptics, especially quetiapine or clozapine, should be administered. In a recent study, pimavanserin, a serotonin 5-HT2 antagonist, was associated with approximately 35% lower mortality than atypical antipsychotic use during the first 180 days of treatment in community-dwelling patients.

Medication should always be tailor-made to suit each patient and we usually have to resort to lowering or withdrawing the dopaminergic medication.

Disclosure of Interest: None Declared

EPP1030

An empirical staging model for schizophrenia using machine learning

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Introduction: One of the great challenges still to be achieved in schizophrenia is the development of a staging model that reflects the progression of the disorder. The previous models suggested have been developed from a theoretical point of view and do not include objective variables such as biomarkers, physical comorbidities, or self-reported subjective variables (Martinez-Cao *et al.* Transl Psychiatry 2022; 12(1) 1-11).
Objectives: Develop a multidimensional staging model for schizophrenia based on empirical data.
Methods: Naturalistic, cross-sectional study. Sample: 212 stable patients with Schizophrenia (F20). Assessments: *ad hoc* questionnaire (demographic and clinical information); psychopathology: PANSS, CDS, OSQ, CGI-S; functioning: PSP; cognition: MATRICS; laboratory tests: C-Reactive Protein (CRP), IL-1RA, IL-6, Platelets/Lymphocytes (PLR), Neutrophils/Lymphocytes (NLR), and Monocytes/Lymphocytes (MLR) ratios. Statistical analysis: Variables selection was performed with an *ad hoc* algorithm developed for this research. The referred algorithm makes use of genetic algorithms (GA) to select those variables that show the best performance for the patients classification according to their global CGI-S. The objective function of the GA maximizes the individuals correct classification of a support vector machines (SVM) model that employs as input variables those given by the GA (Díez-Díaz *et al.* Mathematics 2021; 9(6) 654). Models performance was assessed with the help of 3-fold cross-validation and these process was repeated 10,000 times for each one of the models assessed.
Results: Mean age(SD): 39.5(13.54); men: 63.5%; secondary education: 59.50%. Most patients in our sample had never been married (74.10%), and more than a third received disability benefits due to schizophrenia (37.70%). The mean length of the disease was 11.98 (12.02) years. The best SVM model included the following variables: 1)Clinical: number of hospitalizations, positive, negative, depressive symptoms and general psychopathology; 2)Cognition: speed of processing, visual learning and social cognition; 3)Functioning: PSP total score; 4)Biomarkers: PLR, NLR and MLR. This model was executed again 100,000 times applying again 3-fold cross-validation. In 95% of the algorithm executions more than a 53.52% of the patients were classfied in the right CGI-S category. On average the right classification was of 61.93%. About specificity and sensitivity the average values obtained were of 0.85 and 0.64 respectively.
Conclusions: Our staging model is a robust method that appropriately distributes patients according to the severity of the disorder. Highlights the importance of clinical, functional and cognitive factors to classify patients. Finally, the inflammatory parameters PLR, NLR and MLR have also emerged as potential biomarkers for staging schizophrenia.

Disclosure of Interest: None Declared

EPP1031

Causal relationship between the administration of high-dose corticosteroids and the appearance of maniform-type psychopathology

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Introduction: To present a clinical case that reflects the causal relationship between the administration of high-dose corticosteroids and the appearance of maniform-type psychopathology.
Objectives: Descriptive study of a case report and literature review on the subject.
Methods: 32-year-old woman with alcohol abuse detected, added Antabus 250 mg / day to her treatment.
Results: After 2 months of treatment, she was admitted to the Digestive Service due to acute hepatitis. After a liver biopsy and autoimmunity study was diagnosed as Autoimmune Hepatitis. Treatment with Antabus was withdrawn, and Prednisone 60 mg/day was prescribed. Seven days after starting treatment with corticosteroids, she presented maniform symptoms (psychomotor restlessness, expansive mood, dysphoria, megalomanic delusions, alteration of biological rhythms with decreased need for sleep and risk behaviors), and she was admitted in a psychiatric hospitalization unit. After considering various differential diagnoses she is diagnosed with Substance-Induced (corticosteroids) Mood Disorder with manic features. Psychiatry agrees with the Digestive Service to start treatment with Paliperidone and progressively lower the dose of corticosteroids until suspending it and prescribe an immunosuppressant. Finally, the maniform symptoms that led to admission remitted completely and control and outpatient treatment were continued.
Conclusions: Its important to always keep in mind the great risk of the appearance of psychiatric disorders that treatment with high doses of corticosteroids entails, especially in susceptible patients or with a psychiatric history or genetic susceptibility. It is necessary to know the possible appearance of these neuropsychiatric adverse effects in order to prevent them, and if it appear, to assess, if possible, the suspension or reduction of corticosteroid treatment.

Disclosure of Interest: None Declared

EPP1032

The silent waitress. A case report of mutism without catatonia

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Introduction: Mutism, defined as an inability or unwillingness to speak, resulting in an absence or reduction of speech, has a wide differential diagnosis. It rarely presents as an isolated disability and often occurs in association with other disturbances in behavior, thought processes, affect, or level of consciousness. Mutism is