with prominent negative symptomatology that was imbued with mystical delusional beliefs.

Objectives:

1) To describe the clinical particularities of this case, focusing on the improvement of negative symptoms during the course of treatment at our Day Hospital.
2) To review the available evidence regarding the pharmacological and psychotherapeutic management of negative symptoms of schizophrenia.

Methods: A review of the patient's clinical history and complementary tests were carried out. Likewise, we reviewed the available literature in relation to the management of negative symptoms of schizophrenia in an ambulatory setting.

Results: The patient was admitted to our Day Hospital after four psychiatric hospitalizations due to mystical delusions, ideas of grandiosity and hyper-spirituality, along with prominent negative symptoms at the moment of inclusion at our centre, including social withdrawal, diminished affective response, lack of interest in the academic sphere and poor social drive. Although previous positive symptoms were present in a lesser degree, the patient interpreted the presence of the negative symptoms described above as a "punishment" or "test" from spiritual creatures.

Management of negative symptoms represents a major unmet need in schizophrenia. Modest effect size evidence for pharmacological approaches favours the use of antipsychotic in monotherapy and augmentation of antipsychotic treatment with other agents, such as antidepressants. Scarce evidence regarding psychotherapeutic approaches to these symptoms points to the use of cognitive behaviour therapy and social skills training.

Conclusions:

- Clinical identification and characterization of negative symptoms is crucial when treating patients with schizophrenia, as these are associated with important disability and poorer functional outcomes.
- Differentiation of primary and secondary negative symptoms is a key aspect in the evaluation and management of schizophrenic patients.
- This case outlines the coexistence of positive and negative symptoms, and illustrates the challenges in the pharmacological and psychotherapeutic management of these symptoms at a Psychosis Day Hospital.

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EPV0919

Mental illness as a poor prognosis factor in cancer treatment: a review of the difficulties in diagnosing and treating cancer in patients with schizophrenia based on a clinical case

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Introduction: Psychiatric patients, and schizophrenia patients in particular, have a lower average life expectancy than the general population, and the high prevalence of physical illnesses contributes to this. In the case of cancer, the incidence seems to be the same or lower compared to the general population, but on the other, the prognosis is frankly worse.

Objectives: We aim to collect evidence about the relationship between cancer and schizophrenia.

Methods: Based on a clinical case of a patient diagnosed with schizophrenia who died of an occult neoplasm, we conducted a narrative review of the literature concerning cancer screening, incidence, mortality and prognosis in patients with schizophrenia.

Results: A 39-year-old male patient was diagnosed with schizophrenia when he was 26 years older. The patient was single, had no children, lived alone and was retired due to his psychiatric condition. He was admitted to the inpatient ward in January 2023 due to a psychotic relapse after abandoning the prescribed treatment. He remained hospitalised for 14 days, and oral and injectable antipsychotic therapy was reinstated. He was discharged to the psychiatric day hospital unit to promote psychosocial rehabilitation. During this period, he complained about unspecified back pain but did not present any other physical symptoms.

Two months later, he was evaluated by his psychiatrist as an outpatient, and his general condition had become significantly poorer. He had lost over 20 kilograms, his skin was pale, and he complained of back pain. He was referred to an internal medicine consultation. Still, before it was scheduled, he came to the emergency department and was admitted due to digestive bleeding, asthenia and low back pain, with a weight loss of around 25 kilograms.

An abdominal mass was palpated on physical examination, and the chest x-ray showed a "balloon drop" pattern, indicating pulmonary metastases. Two days after being admitted to the internal medicine ward, he died of cardiac arrest.

It is known that the stigma that mentally ill patients suffer often contributes to a delay in diagnosing medical illnesses. In addition, frequent social isolation and poor social family support do not help these patients seek medical care when their physical condition deteriorates. Low adherence to cancer screening and avoidance of routine health care often add to this delay.

Conclusions: As physicians who often deal with individuals with severe mental illnesses, psychiatrists should be extra aware of risk factors and keep a heightened suspicion of medical conditions. They should also promote the adoption of beneficial health behaviours and encourage participation in cancer screening and other relevant health programs.

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Evaluation of clinical and sociodemographic characteristics of hospitalised patients with schizophrenia spectrum disorder

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