

psychosis at 12 and 24 months after the beginning of the intervention. This cohort will be compared to patients with first-psychosis episodes without group psychotherapeutic intervention.

**Methods:** Longitudinal, observational, retrospective study on a cohort of N=46 patients with first-episode psychosis within the last 5 years. Two groups of 23 patients each were formed. The participants of one of those groups received group psychotherapy in the context of the AGES-Mind study and the other group received treatment as usual without group intervention. Non-exposed patients were matched by age, gender and time elapsed since first-episode psychosis with those exposed to the intervention. Sociodemographic data, clinical status and use of clinical resources outcome variables were assessed.

**Results:** No significant differences were found in clinical status and use of resources between participants and non-participants in the psychotherapeutic group intervention after 12 and 24 months.

**Conclusions:** After controlling for potentially confounding variables as sociodemographic, age and time since first-episode, participating in a group psychotherapeutic program does not seem to improve clinical variables or use of resources. Further studies with larger samples would be necessary to explore other variables, such as symptoms, satisfaction with the intervention or social functioning.

**Disclosure of Interest:** None Declared

## EPP1049

### Non-schizophrenic psychotic disorders: Cycloid psychosis. Case report and literature review

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doi: 10.1192/j.eurpsy.2023.1323

**Introduction:** Cycloid psychosis is a clinical entity with defining traits which emerged from the Wernicke-Kleist-Leonhard school of psychiatry and has a long history in Europe. Leonhard distinguished three clinical forms: anxiety-happiness, confusion and motility psychosis. It is a condition with high clinical heterogeneity and favorable prognosis.

**Objectives:** To describe a case of cycloid psychosis and review in literature the heterogeneity of this phenomena and its clinical management.

**Methods:** Clinical case report and brief review of literature.

**Results:** 57-year old male with previous diagnosis of paranoid schizophrenia and severe congenital hearing loss. Preserved autonomy and adequate real-life and interpersonal functioning. Along the past few years the patient has presented episodes of a significant clinical global worsening in context of mainly somatic symptoms (intestinal obstruction and volvulus) and minor stressful life events. On this occasion he appears in the emergency room with a new episode of abdominal pain and is admitted to Internal Medicine with presumptive diagnosis of intestinal volvulus. The patient gathered heterogeneous symptoms including disorientation, confusion, generalized tremor, gait disorder, profuse sweating, regressive and oppositional behaviors (refusal to eat or drink liquids) and sudden behavioral oscillations (from agitation to prostration). From the psychic point of view he showed thought blocking,

mutism, significant anxiety, fear of death, delusional prejudice ideas and sensorceptive disturbance which seemed otherwise related to previous sensorial problems. We introduced treatment with Olanzapine 30 mg and after 4 weeks, the patient suddenly showed a significant clinical improvement until the complete remission of the symptoms and restitution of his previous state. In coordination with his regular psychiatrist was proposed the controversial diagnosis of cycloid psychosis. Cycloid psychosis gather a few clinical features which differentiate it from other entities: acute onset, polymorphic symptomatology, global disturbance of psychic life, remitting and recurrent course and favorable prognosis. Regarding its clinical management no controlled studies have been conducted to this date of the treatment of this phenomena. According to literature ECT seems to be an effective treatment as well as low-doses of atypical antipsychotics. Some authors propose pharmacological maintenance treatment with mood stabilizers.

**Conclusions:** The diagnosis of cycloid psychosis can be useful as well as necessary to describe certain patients with similar clinical features, recurrent course and favorable prognosis. Future studies on pharmacological approach would be useful to ensure the appropriate clinical management of these patients.

**Disclosure of Interest:** None Declared

## EPP1050

### The response to unfolded proteins in schizophrenia and bipolar disorder

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doi: 10.1192/j.eurpsy.2023.1324

**Introduction:** Schizophrenia (SCH) and bipolar disorder (BD) are severe mental disorders, which have high incidence (Whiteford *et al.* Lancet 2013; 381 1575-86) and are the main causes of disability in young people (WHO 2022; <https://www.who.int/news-room/factsheets/detail/mental-disorders>).

Psychological stress appears in different mental disorders, and this is directly related to oxidative stress (Moller *et al.* Chem Biol Interact. 1996; 102 17-36)(Pupic-Bakrac *et al.* 2020; Psychiatr Danub. 32 412-9). Oxidative stress causes reticulum edoplasmic stress (ER stress) and this produces high levels of misfolded proteins. Defective proteins are degraded by the proteasome, but when the density of misfolded proteins exceeds the capacity of the proteasome, the Unfolded and Misfolded Protein Response (UPR) is triggered through three main pathways: Inositol-requiring enzyme 1 $\alpha$  (IRE1 $\alpha$ ); transcription factor 6 alpha (ATF6 $\alpha$ ) and protein kinase RNA-Like ER kinase (PERK), trying to recover normal protein synthesis capacity (Bermejo-Millo *et al.* 2018; Mol Neurobiol. 55 7973-86) (González-Blanco *et al.* 2022; J Cachexia Sarcopenia Muscle 13 919-31).

**Objectives:** Characterizing ER stress and UPR in SCH and BD.