Introduction: We present the case of a 34-year-old female patient, 35 weeks pregnant and previously diagnosed with delusional disorder.
Objectives: Somatic personal history: NAMC. intrinsic asthma. Cutaneous psoriasis.
Personal psychiatric history: In psychiatric follow-up since childhood, due to eating problems. Subsequently by adaptive pictures, with anxiety and dysfunctional personality traits intermittently. She resumes contact again in February 2017 presenting frank delusional clinic. Father diagnosed with schizophrenia.
Personal data: 34-year-old woman, married, with a 6-year-old son.
Methods: Current illness: The patient presents active delusional symptoms of about 3 years of evolution, she reports that she knows that there are people in her neighborhood who want to harm her and have guns with which they are constantly shooting to kill her "I hear the shots every day, I have the windows covered with metal plates and I cannot go out with my son, nor to the park, nor to do the shopping". When she began the delusional symptoms, she was prescribed treatment with olanzapine without response, later with paliperidone palmitate, without response, and then with oral aripiprazole and depot 400mg once a month, with partial response. Prior to the current pregnancy, treatment with clozapine was considered, which the patient accepted but did not tolerate and had to be withdrawn.
Results: Evolution: The patient then remains in treatment with depot aripiprazole, with a partial response and less behavioral repercussion of the delusional content, but with a torpid evolution and tending to chronicity. During this course the patient accidentally becomes pregnant again. The doses of benzodiazepines that she was previously taking to control anxiety and sleep were lowered, maintaining treatment with depot aripiprazole, reducing the dose to 300mg monthly. The pregnancy has proceeded normally to date, with close controls by the gynecology service and monthly visits to psychiatry clinics.
Conclusions: Clinical judgment: Persistent delusional disorder.
In this case, the need arises to maintain depot antipsychotic treatment in a patient with a severe mental disorder during pregnancy, given the serious consequences of delusional content on the patient's functioning and thus be able to preserve stability at this level during pregnancy.

Disclosure of Interest: None Declared

EPV0980

Clinical presentation of late-onset psychosis (LOP) and differential diagnosis with dementia: a case report

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Introduction: Late-onset psychosis appears in people over the age of 40. Some preliminary studies show that LOP has fewer severe positive symptoms, more systematic persecutory delusions, more bizarre-type delusions, less affective flattening, and more social withdrawal than early onset psychosis.
There are some studies that consider late-onset and very late-onset psychosis as prodromes of neurodegenerative disease. There are some differences in neuropsychological profiles and specific cognitive function alterations discovered. More evidence, however, is required to make an accurate diagnosis.
Objectives: The objective of this study was to reflect the difficulties in differentiating between late-onset psychosis and dementia by reporting the case of a 77-year-old woman who presented with mystical-religious delusions and hallucinations during her hospitalization.
Methods: We present the case of a 77-year-old woman who was hospitalized because of a stroke. During her stay, she began receiving follow-up from the mental health team because she verbalized some mystical-religious delusional ideas. During the psychiatric interview, the patient verbalized mystical-religious ideas and oscillated between coherent, organized, and disaggregated speech. No problems were detected with orientation, or florid affective symptoms that could point to a delirium or affective disorder. The premorbid personality was extravagant, with interpersonal difficulties and magical thinking. Nonetheless, she had no prior contact with the mental health system or hospitalization. We could approximate the beginning of the symptomatology at around 60 years old, thanks to her relatives. Prior to this age, she maintained good function by working as a chef on a regular basis. She gradually isolated herself due to her lack of mobility. Similarly, she decreases her self-care activities, begins hoarding items around the house, and gradually develops more psychotic symptoms.A brain scan was performed, and no acute pathology was found. A neuropsychological test was not executed due to a lack of collaboration from the patient.
Results: -
Conclusions: This case reflects the complexity of differentiating between dementia and late-onset psychosis. Supplementary testing and follow-up are essential for establishing a diagnosis. Related to that, more research is needed to identify the differential characteristics between the two disorders and the temporal correlation between them.

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EPV0981

Late-onset schizophrenia: a differential diagnosis

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Introduction: Regarding the diagnosis of schizophrenia, a peak of onset of symptoms is considered at 25 years. The debut after 60 years is considered late onset and is rare, generating controversies in the diagnosis