

psychiatric disorders). Additionally, the use of a smartphone application “Robin Z”(add-on treatment tool to support the patients between the sessions) was assessed.

Results: In the last five years we saw 300 patients (112 female, mean age 15.7) who sought the care unit for early intervention. The evaluation of the risk showed that 44 patients had no increased risk, 205 were classified with a CHR and 51 fulfilled the criteria of an early onset psychosis (18.5%). Most of the patients showed comorbid diagnosis, mainly depressive disorders (42%). The data about the treatment will be analyzed for the congress.

Conclusions: Despite clinical implications, there is little data about early detection and early intervention in psychosis for children and adolescent. Therefore, the evaluation of the clinical data of the CAPS is of clinical importance and expected to add essential information in the fields of prevention and early intervention in psychosis.

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EPV0991

Visual Backward masking as an endophenotype of psychosis

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Introduction: Schizophrenia is a heterogeneous disease that is strongly influenced by genetic predisposition. A large variety of candidate genes have been identified, each of which, however, explains only a small proportion of the genetic risk for schizophrenia. Due to the complexity of psychiatric diseases, endophenotypes are of primary interest in psychiatric research. Endophenotypes are stable markers in-between the genotype and the phenotype and are thought to be associated with a small number of genes involved in the pathophysiology of the disease.

Objectives: To characterize a very sensitive candidate endophenotype of schizophrenia spectrum disorders, based on visual backward masking.

Methods: We tested first: Schizophrenia patients, their non-affected siblings, healthy controls and second: various populations of the schizophrenia continuum (bipolar and schizoaffective patients), as well as adolescents with psychosis, abstinent alcoholics, and depressive patients with a very sensitive masking technique.

Results: Schizophrenia patients and their siblings show strong performance deficits. Masking performance of relatives was significantly in between the one of patients and controls. Moreover, deficits were stable throughout one year. The shine-through paradigm distinguishes with high sensitivity and specificity between schizophrenic patients, first-order relatives, and healthy controls. Patients with first episode of psychosis, as well as adolescents with psychosis, have shown clear performance deficit. Deficits are specific to the psychosis spectrum and not evident in depressive patients and abstinent alcoholics.

Conclusions: Our results suggest that the shine-through masking paradigm is a potential endophenotype of the schizophrenia spectrum disorders.

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Persistent delusional disorder: psychopathological remission associated with clozapine-induced epileptic seizures

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Introduction: Persistent delusional disorder has some features similar to schizophrenia, although the functionality of patients with this diagnosis is usually higher and is diagnosed at an older age. Although the pharmacological treatment of schizophrenia has been studied extensively, there is not much data on the treatment of persistent delusional disorder. Regarding the use of clozapines specifically in persistent delusional disorders, there are some case reports with encouraging results. Electroconvulsive therapy is not generally used as a treatment for persistent delusional disorder.

Objectives: To reflect on the relevance of using electroconvulsive therapy in the treatment of persistent delusional disorder.

Methods: Through the description of a clinical case in which there was evidence of remission of resistant psychotic symptoms after clozapine-induced epileptic seizures, the authors hypothesize the existence of a direct relationship between the crisis and the resolution of a persistent delusional disorder.

Results: A.F., 78 years old, male. No personal history of psychiatric or medical-surgical illness. Admitted for psychotic decompensation framed in persistent delusional disorder. The patient underwent pharmacological treatment with resistance to three lines of antipsychotics. With the introduction of clozapine 100mg/day, the patient had two epileptic seizures, followed by complete remission of psychotic symptoms.

Conclusions: The clinical case described refers to a patient diagnosed with resistant persistent delusional disorder, with almost immediate resolution of the condition after epileptic seizures induced by clozapine. Taking into account the clinical response in our patient to two spontaneous epileptic seizures, we hypothesize that electroconvulsive therapy may be effective in the treatment of persistent delusional disorder.

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High risk of psychosis, condition or diagnosis? About a case.

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