

person. Several explanatory models have been hypothesized, through myths, psychoanalytical and psychological interpretations, as well as neurobiological explanations.

Objectives: Through six different clinical cases and a narrative review, we aim to revisit the concepts of Capgras and Fregoli syndromes, emphasizing their complexity and heterogeneity.

Methods: We conducted a non-systematic review of recent evidence on Capgras and Fregoli syndromes and expose exemplary clinical cases.

Results: Capgras and Fregoli syndromes are complex psychotic experiences involving a great number of brain areas, with many heterogeneous clinical manifestations and comorbidities. Even though they were initially encompassed in pure psychotic disorders, today they are mainly understood as neurological disorders, in which the delusion primarily results from organic brain lesions or degeneration. Nevertheless, we present several distinct clinical cases with psychiatric diagnoses that include these curious phenomena: a 39-year-old man with schizophrenia; a 67-year-old woman with late-onset schizophrenia; a 24-year-old woman with schizoaffective disorder; a 48-year-old woman with first episode of acute and transient psychotic disorder; a 76-year-old woman with psychotic depression; and a 25-year-old woman with psychosis and intellectual development disorder.

Conclusions: Our review highlights the complexity of the delusional misidentification syndromes. We expose different patients with different psychiatric diagnosis, showing the diversity of pathologies in which these syndromes can fit. Although they seem to be very common in non-psychiatric disorders, little is known about the prognosis and response to treatment or whether there are systematic differences between delusional misidentification syndromes associated with “functional” and “organic” disorders, which should encourage further studies in order to address this gap and provide appropriate care.

Disclosure of Interest: None Declared

EPP0667

Alteration of plasma phospholipids distinguish schizophrenic patients from controls: A targeted metabolomics study

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Introduction: Schizophrenia (SCZ) is one of the most severe mental disorders. Several elements involved in pathogenesis have been characterized recently. However, tools for diagnosis and risk prediction are limited. Elucidation of the underlying genomic and molecular mechanisms of SCA remains a challenge.

Objectives: In this study, we aimed to identify plasma biomarkers for SCZ using targeted metabolomics.

Methods: All enrolled patients were drug-free for at least 3 months prior to admission. Plasma from 31 SCZ patients and 70 matched controls were analyzed using the LC/MS- Api 4000 QTrap Sciex. A total of 188 targeted metabolites, including 21 amino acids, 21 biogenic amines and 145 lipids or lipid-related metabolites were analyzed. All data modeling and analysis is done using MetaboAnalyst 5.0

Results: There was no significant difference in the studied groups regarding BMI. Plasma Triglycerides, LDL-C, total proteins levels were significantly decreased in SCZ compared to controls. Heat-map identified 2 clusters with 25 significantly differentially expressed metabolites (FDR <0.05) between the drug-naïve group and the matched controls. The OPLS-DA score plot showed that the groups are clearly separated according to plasma phospholipids concentrations. Among these differential metabolites, the expression level of very long chain Phosphatidylcholines (PC 36 – PC p42) and acylcarnitines were significantly decreased in SCZ compared to controls, whereas sphingomyelin (SM) and lysoPC were significantly lower in drug-naïve patients.

Conclusions: In this study, we found that plasma phospholipids were significantly dysregulated in the SCZ patients and could be a promising pathway to explore SCZ.

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EPP0668

Primary caregiver Reports of Patient-Initiated and Suffered Violence in Schizophrenia: A cross-sectional study in Tunisia

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Introduction: Aggressive behavior in psychosis is not uncommon. Studies found that among the patients with schizophrenia engaged in violence, more than half committed violence directly against family members. However, few studies have explored violence victimization and perpetration among caregivers of patients with schizophrenia.

Objectives: Our study investigated caregiver reports of aggressive acts committed or suffered by their relative with schizophrenia

Methods: This is a cross-sectional study among caregivers of patients with schizophrenia during the period from June to August 2022. Patients who attended our department of psychiatry at the Razi. The questionnaire was divided into three sections.

The first section: contained items regarding patient and caregiver-related information.

The second section: caregivers were asked questions about their experience of violence perpetration and victimization involving their relative with schizophrenia in the past 12 months. Beyond frequency, caregivers were also asked to specify, the causes of the violence perpetrated and suffered.

The third section contained two measures: The Depression Anxiety and Stress Scales (DASS-21) and the abridged version of the Zarit Burden Interview (ZBI), assessing psychological distress and caregiving burden, respectively.

Results: Finally 110 caregivers were included, the majority of caregivers were females (63.6%) and consisted of patients' parents (50.9%). Verbal violence was the most reported type of violence victimization (35.5%). In addition, 54.5% of caregivers disclosed having perpetrated verbal violence at least once against their ill relative.

Bivariate analysis showed that lower caregivers' educational level ($p=.017$), unemployment ($p<.001$), other person in charge ($p=.027$), burden levels ($p<.001$), depression ($p<.001$), anxiety ($p<.001$) and stress ($p<.001$) symptoms are positively associated with violence victimization occurrence. While being male caregiver ($p=.007$), having other person in charge ($p<.001$) and higher levels of depression ($p<.001$), anxiety ($p<.001$), and stress ($p<.001$) were associated with more violence perpetration.

Conclusions: Our findings suggested that violence victimization and perpetration in schizophrenia are not uncommon. Appropriate procedures for minimizing it should be considered.

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EPP0669

Personality Functioning and Self-Disorders in different stages of Psychotic Disorders and Borderline Personality Disorder

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Introduction: Personality functioning, self-disorders and their relationship to psychotic symptoms on a continuum from mild attenuated experiences to manifest psychotic symptoms in psychotic disorders are highly relevant for psychopathology, course of illness and treatment planning in psychotic disorders, but empirical data is sparse.

Objectives: This study aims at exploring personality functioning and self-disorders in individuals at ultra-high risk for psychosis (UHR) and with first-episode psychosis (FEP), compared to a clinical control group of subjects with borderline personality disorder (BPD) and healthy controls (HC).

Methods: Personality functioning was measured in 107 participants (24 UHR, 29 FEP, and 27 BPD and 27 HC) using the Structured Interview for Personality Organization (STIPO) and the Level of Personality Functioning Scale (LPFS), and self-disorders were assessed using the Examination of Anomalous Self-Experience (EASE). A hierarchical cluster analysis was performed based on the seven STIPO dimensions.

Results: Significant impairment in personality functioning was found in UHR ($M = 4.29$, $SD = .908$), FEP ($M = 4.83$, $SD = 1.002$), and BPD individuals ($M=4.70$, $SD=.542$) compared with HC ($M = 1.63$, $SD = .565$). FEP patients showed significantly worse overall personality functioning compared to UHR patients ($p = .037$). Patients with manifest psychosis (FEP) also exhibited

significantly higher levels of self-disorders compared to BPD patients ($p = .019$). Self-disturbances in patients with milder forms of psychotic symptoms (UHR) were intermediate between the other diagnostic groups (FEP and BPD). Regardless of the main diagnoses, the three clusters of patients were found to differ in levels of personality functioning and self-disorder.

Conclusions: Impairment of personality functioning varies in different stages of psychotic disorders. The level of self-disorders may allow differentiation between manifest psychosis and borderline personality disorder. An in-depth assessment of personality functioning and self-disorders could be helpful in differentiating diagnoses, treatment planning, and establishing foci for psychotherapeutic treatment modalities.

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EPP0670

SOD and CAT as potential preliminary biomarkers for the differential diagnosis of schizophrenia and bipolar disorder in the first episode of psychosis

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Introduction: Schizophrenia (SCH) and bipolar disorder (BD) are severe mental disorders which lead to psychotic, affective and cognitive symptoms and often cause a progressive functional deterioration of the individual. The current diagnosis of SCH and BD essentially depends on clinical observation that often leads to misdiagnosis and the introduction of non-specific treatments. Therefore, an early detection and intervention are determinant for a better prognosis. Improving outcomes of a First Episode of Psychosis (FEP) depends mainly on the identification of reliable and discriminatory biomarkers between both disorders.

Objectives: Given that oxidative stress has been tightly involved in multiple mental disorders, the major goal of this work was to characterize oxidative alterations in order to identify potential biomarkers which allow the differential diagnosis in an early stage.

Methods: The study was carried out on samples from 49 subjects (14 women and 35 men), divided into four groups: a control group of 10 individuals not previously diagnosed with any serious mental disorder, 17 patients who had presented a FEP, 12 patients diagnosed with SCH and 10 patients diagnosed with BP. Biochemical analysis were conducted in erythrocyte fraction to characterize the