

explorations, we performed neuroimaging and blood tests, which resulted all anodyne. With an alternative diagnosis, we considered that sequelae of a neuroleptic malignant syndrome could have produced the symptoms that he had suffered. Due to the persistence of the symptoms and their typical characteristics, catatonia was our first diagnostic impression. As treatment with benzodiazepines was ineffective, electroconvulsive therapy was started. No clinical improvement was observed. Given the refractoriness of the case, a review of the existing literature was carried out. We found reports of a good response to amantadine in similar cases. Amantadine was introduced up to a dose of 200mg.

**Results:** After four weeks of treatment with amantadine at a dose of 200mg, the patient showed meager improvement at both psychopathological and motor level.

**Conclusions:** We find the case of a patient with long-term schizophrenia who is nowadays dependent on all daily living activities and requires sustained care.

**Disclosure of Interest:** None Declared

## EPV0968

### Review of a sample of episodes of forced medication in an area of southern Spain

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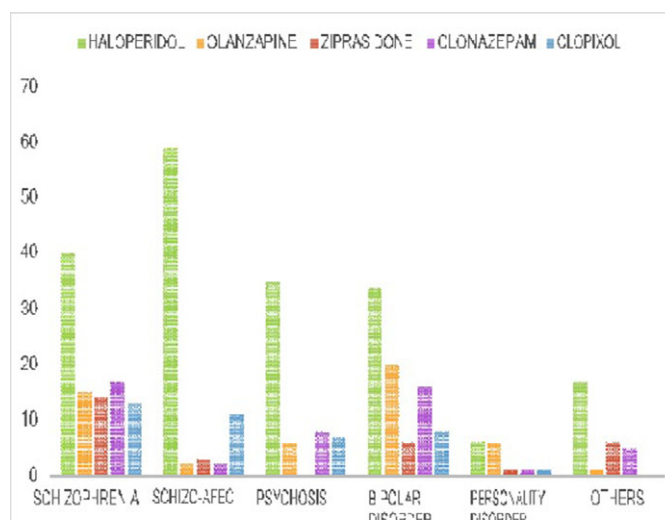
**Introduction:** Forced medication is one of the most frequently used coercive measures in acute mental health units. It is a practice that can lead to physical, psychological and psychopathological consequences. Therefore, it is necessary to implement measures to reduce its use. In this sense, it is interesting to study the variables that can be associated with its use, and thus take measures accordingly.

**Objectives:** This study attempts to identify the number of forced medication episodes between July 2017 and December 2018 treated in the catchment area of the Mental Health Service at Jerez Hospital. As a secondary objective, it pursues to identify the factors that conducted to the use of forced medication with the intention of being able to reduce the use of these measures.

**Methods:** A descriptive and retrospective study has been developed reviewing the total number of episodes of forced medication. Patients admitted and discharged from hospital between July 2017 and December 2018 treated in the Mental Health Service at Jerez Hospital. Data were extracted from medical records.

**Results:** The total number of episodes of forced medication identified was 330. In these episodes, the average age was 41 years, with a predominance of 74% of the male gender. The most used route in the episodes was intramuscular (94.8%), in addition, more than 50% needed the association of two drugs, the most used were haloperidol and olanzapine. The 32.7% of the episodes also required the use of mechanical restraint and 44.2% required the presence of security service.

## Image:



**Conclusions:** We present the descriptive analysis of a further study currently been conducted in our hospital which means to establish predictive factors for the use of forced medication. We therefore intend to create patient profile, as well as new measures specifically directed to these factors with which to diminish the use of forced medication.

**Disclosure of Interest:** None Declared

## EPV0969

### The relation between electroconvulsive therapy and dopamine

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**Introduction:** The use of electroconvulsive therapy (ECT) as a treatment for psychotic disorders is well-documented and effective. Despite the fact that ECT is often used, the precise neurobiological mechanisms supporting its effectiveness are still incompletely understood. Over the past years, extensive research on primates, rodents, and humans has begun to clarify the effects of electroconvulsive seizures (ECS) and ECT on neurotransmission systems such as the dopaminergic system.

**Objectives:** The aim of this paper is to search evidence in the literature regarding the effects of ECT on the dopamine system.

**Methods:** In order to write this article, we searched for information in the most important scientific articles from the Google Scholar and Pubmed databases regarding the effects of ECT on the dopaminergic system.

**Results:** ECT and electroconvulsive shock are linked to enhanced dopamine release and dopamine receptor modification. Human studies show that ECT activates the dopamine system. In a study by Rudorfer et al., it was discovered that ECT increased the amount of homovanillic acid (HVA), a marker of dopamine turnover, in the cerebrospinal fluid (CRF). One important study indicates that monkeys given a brief clinical course of ECT (six sessions only) exhibit significant changes in dopaminergic presynaptic neurotransmission, with baseline function returning to quadratic ('inverted U' shape) by six weeks of the last ECT treatment. According to single-unit electrophysiological methods, repeated electroconvulsive shock to rats causes a subsensitivity of dopamine autoreceptors in the substantia nigra. Since effects identical to those reported with repeated treatment were also detected when a single electroconvulsive shock was followed by an acceptable treatment-free interval, this decreased sensitivity is time-dependent.

**Conclusions:** The results support the idea that ECT boosts the dopamine system and can be an effective strategy in the management of psychotic disorders.

**Disclosure of Interest:** None Declared

### EPV0971

#### Aggressiveness and emotion dysregulation among adolescents first degree relatives of schizophrenia patients

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**Introduction:** Schizophrenia is a severe debilitating condition, with elevated level of aggressiveness reaching 33% in a large sample of patients. Unaffected biological relatives of schizophrenia patients share similar though less severe neurocognitive and behavioral abnormalities seen in their affected relatives. Recent findings demonstrates that first degree relatives of schizophrenia patients are at increased risk of violence and aggressive behavior, especially during adolescence, with poor outcome. Besides, adolescents aged from 12 to 18 years old, may experience aversive and overwhelming emotions difficult to regulate due to immaturity of neuronal networks. There are evidence of an association of emotion dysregulation and violent conduct among youth. However, to our knowledge, studies among first degree relatives of psychotic patients were not performed.

**Objectives:** The aim of this study was to evaluate the aggressiveness and emotion dysregulation among unaffected adolescents with first degree family history of schizophrenia and to investigate the association linking these two entities.

**Methods:** In this purpose we conducted a cross sectional descriptive study in Razi hospital during three months: from July to September 2022. Unaffected adolescents aged 12 to 18 whom first-degree relatives were diagnosed with schizophrenia according to DSM-5 criteria were included. Adolescents with psychiatric conditions or medical affections associated with psychiatric

presentation were not included. Sociodemographic data were collected on a preestablished questionnaire and the following scales were used: The Life History of Aggression LHA, an 11 items self-reported tool, in the Arabic version, The Aggression Questionnaire AQ which is a 29 items self-reported scale in Arabic version and the The Emotion Regulation Questionnaire (ERQ), a 10 items self-reported measure rated on a likert scale, in the validated Arabic version. Written informed consent was obtained from the legal tutor of each adolescent.

**Results:** Results of this survey are ongoing.

**Conclusions:** Results of this survey are ongoing.

**Disclosure of Interest:** None Declared

### EPV0972

#### A case-control study of aggressiveness in adolescents with schizophrenia family history

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**Introduction:** Violence is a common behavioral and health concern among adolescents, aged 12 to 18 years old. In fact, aggressiveness may result in severe outcome in a critical age characterised by biological, psychological, and social changes. Schizophrenia is a severe and chronic condition, with elevated level of aggressiveness. Since unaffected biological relatives of schizophrenia patients share similar though less severe neurocognitive and behavioral abnormalities seen in their affected relatives, they are at increased risk of violence mainly during adolescence. However, studies including adolescents with schizophrenia first degree history are scarce.

**Objectives:** The aim of this survey was to evaluate the aggressiveness among unaffected adolescents with first degree family history of schizophrenia and in a control group of adolescents with no family psychiatric history.

**Methods:** In this purpose we conducted a case-control cross sectional study in Razi hospital during three months: from July to September 2022. Unaffected adolescents aged 12 to 18 whom first-degree relatives were diagnosed with schizophrenia according to DSM-5 criteria were included. Adolescents with psychiatric conditions or medical affections associated with psychiatric presentation were not included. Control group was selected amongst the population. Sociodemographic data were collected on a preestablished questionnaire and the following scales were used: The Life History of Aggression LHA, an 11 items self-reported tool, in the Arabic version, The Aggression Questionnaire AQ which is a 29 items self-reported scale in Arabic version. Written informed consent was obtained from the legal tutor of each adolescent.

**Results:** Results of this survey are ongoing.

**Conclusions:** Results of this survey are ongoing.

**Disclosure of Interest:** None Declared