

diazepam 10 mg daily. He presented with increased delusional intensity for a year. Hospitalized for treatment with ECT, submitted to 12 sessions with bitemporal stimuli, with effective convulsions. MoCA, PANSS and BPRS were applied before and after treatment, with an increase of 25% in MoCA and a decrease of 47.3% and 57.9% respectively, in the psychotic symptoms scales.

Conclusions: We present a case of schizophrenia resistant to treatment with multiple antipsychotics, including clozapine. ECT was used, with clinically demonstrated efficacy. In the future, it might be interesting to study in detail the mechanism of action of this treatment with the goal of deepening the knowledge of the neurobiology of schizophrenia.

Disclosure: No significant relationships.

Keywords: treatment resistant; schizophrenia; ECT

EPV1385

A case report of de novo psychosis after epilepsy surgery

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Introduction: Epilepsy is a common and severe neurologic condition, with a high prevalence of psychiatric comorbidity. Epilepsy surgery has been used for its treatment, resulting in remission or significant reduction of crisis. An improvement of previously existing psychopathology has been more frequently described, however its exacerbation or *de novo* psychopathology post-surgery has also been reported. The prevalence rate for post-surgery psychosis is 1.1%. There are no clear risk factors associated to this condition, or a proposed pathological mechanism. However, most cases described in the literature are of patients submitted to temporal lobectomy.

Objectives: Description of a clinical case of a first-episode psychosis post-epilepsy surgery and review of the literature.

Methods: Description of a clinical case. Non systematic review of the literature, searching the terms “psychiatric”; “psychosis”; “epilepsy surgery” in the databases Pubmed, Medline and Cochrane.

Results: Male, 29-year-old patient, diagnosed with refractory temporal lobe epilepsy. Neuropsychiatric history of mixed adaptation disorder, treated with escitalopram 10 mg daily. Submitted to anterior temporal lobectomy with no complications. On the 6th day post-surgery, he developed persecutory and self-referent delusions. There’s no evidence of other causal factors. Treated with paliperidone 3 mg daily with symptom remission after one week. The diagnosis of brief psychotic disorder was made.

Conclusions: We present a case of a *de novo* psychotic disorder, a rare complication of epilepsy surgery. In the future, it might be interesting to study this association in detail, with the goal of deepening the knowledge of the neurobiology of psychosis, particularly the involvement of temporal circuits.

Disclosure: No significant relationships.

Keywords: epilepsy surgery; epilepsy; Psychosis; brief psychotic disorder

EPV1386

Variation in cognitive insight processes between schizophrenia and bipolar disorder in a Tunisian population

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Introduction: Cognitive insight is a relatively recent concept referring to the ability, not only to reassess unusual experiences objectively after corrective feedback but also to distance oneself from them and it seems to be specifically altered in schizophrenia. Yet, despite its importance in the understanding of psychotic symptoms, this process has never been studied in the North African population.

Objectives: Therefore, this paper aims to compare cognitive insight performances between two Tunisian psychiatric populations and to explore its relationship with other cognitive processes.

Methods: The study population comprised 17 participants with schizophrenia, 9 with bipolar disorder, and 30 healthy controls. The groups were paired for age, education level, and socioeconomic status. We assessed depression, global executive functioning, verbal episodic memory, metamemory (online and offline), and cognitive insight. The latter was evaluated by the Beck Cognitive Insight Scale.

Results: The results showed that, compared to the other groups, participants with schizophrenia obtained a lower self-reflectiveness score and a higher self-certainty score, resulting in a significantly lower composite index. These findings seem to indicate the alteration of cognitive insight in schizophrenia. However, no significant differences were found between the other two groups. Moreover, correlational analyses showed that cognitive insight components were only associated with metamemory indices which proved to be the best predictors of this ability, along with the global executive score.

Conclusions: In conclusion, our data seems to corroborate the international literature reporting a cognitive insight deficit in schizophrenia. However, further research is needed in order to better understand the specific processes underlying this metacognitive function.

Disclosure: No significant relationships.

Keywords: schizophrenia; cognitive insight; Tunisian population; bipolar disorder

EPV1387

Multifamily therapy in first episodes of psychosis: a pilot study

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Introduction: Multifamily interventions have shown to reduce the risk of relapse of psychotic symptoms in first episodes of psychosis (FEPs) but are not frequently implemented in specific treatment

programs. We have develop a pilot study for the implementation of the interfamily therapy in FEPs within a Mental Health Centre in the Community of Madrid.

Objectives: The aims were to examine: relapses (measured as re-hospitalization), duration of re-hospitalizations and voluntary versus involuntary re-hospitalizations during participation in MFG compared with the previous year.

Methods: 21 subjects participated in a MFG during 12 months, 11 participants with a diagnosis of psychosis and 10 family members. Interfamily therapy works as a new model of interactive psychoeducation among families where they share their own experiences and look for comprehension and solutions all together.

Results: Our clinical experience in an interfamily therapy intervention over 12 months has led us to identify a high degree of participation and acceptance by users and their families, and we have observed a lower relapse rate, with fewer of psychiatric admissions and of shorter duration among patients during the year of participation in the MFG compared to the year before treatment.

Conclusions: MFG has been well accepted by both patients and their families, with a high degree of participation. The results observed in our experience of MFG treatment are consistent with the findings of previous studies that support the reduction of the relapse rate, the number of hospitalizations and their duration when family interventions are incorporated into treatment in recent-onset psychosis, especially in a multi-family group format.

Disclosure: No significant relationships.

Keywords: multifamily therapy; GROUP THERAPY; First episode of psychosis; early intervention

EPV1388

Treatment and Qualitative Research of Schizophrenia

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Introduction: The author demonstrates the psychodynamic understanding of schizophrenia and describes the ensuing personality-structural psychotherapy. Schizophrenia from a psychodynamic understanding is a disease in the core of the identity with disturbances of the personality functions of identity, ego-demarcation, aggression, fear, narcissism, perception, cognitive abilities and the body- ego. It is the concern of the author to investigate how schizophrenically structured patients and their family members experience the group dynamic field in which the patients grew up and its relations to the illness. The following five topics: contact and experiences within the family of childhood, body care and physical contact, kindergarden and school life, puberty, and contacts outside the family have been investigated.

Objectives: The aim is to show how the family settings and backgrounds are conducive to developing schizophrenia

Methods: The author chosed for her investigation the method of biographical interviews, introduced by Witzel (1985). This method of interviewing is problem centered, object and process oriented. The analysis of the exhaustive tape-recorded interviews was made by using the method of qualitative analysis based on the grounded theory.

Results: Schizophrenia from psychodynamic understanding is a disease in the core of the identity with disturbances of the personality functions of identity, ego-demarcation, aggression, fear, narcissism, perception, cognitive abilities and the body- ego.

Conclusions: It is the concern of the author to investigate how schizophrenically structured patients and their family members experience the group dynamic social energetic field in which the patients grew up and its relations to the illness

Disclosure: No significant relationships.

Keywords: schizophrénia; Dynamic Psychiatry; Psychodynamic understanding

EPV1389

Pilot Study of the Brief Negative Symptom Scale (BNSS) as a method for evaluation the required form of social service: institutional or non-institutional one

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Introduction: Psychiatric care for persons suffering from chronic mental disorders and unable to live independently involves an assessment of their need for a certain form of social service. In Russia patients with schizophrenia account for over 40 % of all persons living in residential facilities for persons with mental disability (Kekelidze, 2020). Their clinical picture is most often determined by negative symptoms, which makes it advisable to use the BNSS scale (Kirkpatrick, 2011).

Objectives: Pilot testing of the BNSS scale in patients, living in residential facilities for persons with mental disability.

Methods: With Russian-language version of the BNSS scale (Mucci, 2019; Papsuev, 2020); CGI-S; Standardized protocol of forensic psychiatric examination in cases of deprivation, restriction, restoration of legal capacity (Kharitonova, 2021) we examined 15 persons (Age: M=54,2; SD=8,6) suffering from schizophrenia and living in residential facilities.

Results: In three subjects the BNSS survey was not possible. The remaining 12 had a total score from 6 to 61 (M = 29.08; Med = 25; Std.Dev. = 17.98) with maximum score in the Asociality subscale (Item 6: M = 3.25; Med = 4; Std.Dev. = 1.76). CGI-S significantly correlated with indicators on the scales «Avolition: inner experience» (r = 0.68, p <0.05), «Blunted affect : vocal expression» (r = 0.64, p <0.05). According to full examination community-based services were recommended for two women with BNSS overall score 6 and 11.

Conclusions: Our pilot study demonstrated that the BNSS can be successfully used as one of methods in comprehensive examination to determine the form of social services.

Disclosure: No significant relationships.

Keywords: negative symptom; schizophrénia; BNSS; institutional care