scales of the PANSS (positive, negative, and general; p<0.05) and DDD (p<0.01).

VARIABLES	DUP
WHOQOL_SOCIAL RELATIONSHIPS DOMAIN_ADMISSION	r_s =-.448* p=0.018
PANSS_NEGATIVE_ ADMISSION	r_s =.424* p=0.035
PANSS_NEGATIVE_ DISCHARGE	r_s =.638** p=0.001
PANSS_POSITIVE_ DISCHARGE	r_s =.455* p=0.022
PANSS_GENERAL_ DISCHARGE	r_s =.518** p=0.008
PANSS_TOTAL_ DISCHARGE	r_s =.564** p=0.003
DDD_ DISCHARGE	r_s=.539** p=0.005
DAYS OF HOSPITALIZATION	r_s=.429** p=0.032

Conclusions: Our results are in line with the current literature on DUP, showing it leads to a worse prognosis, with a more severe clinical course, with the need for extended hospitalizations, a worsening of social relationships, and a higher dosage of medication.
Thus, DUP may be a potentially modifiable prognostic factor. It is possible that FEP patients with negative symptoms dominance may have a more insidious onset and, therefore, the search for treatment may be delayed. Conversely, if there is a mechanism by which DUP influences the symptom profile, its knowledge may lead to a better understanding of psychosis and improved treatment options.
Importantly, DUP showed stronger correlations with the severity of the clinical picture at discharge than at admission, suggesting that longer untreated psychosis may also predict poorer treatment response.

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EPV0918

Brief reactive psychosis….again! - Clinical case report

A. R. Costa*, S. Jesus, M. Almeida and C. Vicente

Department of psychiatry and mental health, Baixo Vouga Hospital Centre, Aveiro, Portugal
*Corresponding author.
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Introduction: Brief psychotic disorder according to the DSM-5 is a condition of sudden onset lasting less than 1 month followed by complete remission with possible future relapses, characterized by the development of psychotic conditions. The duration of the illness is a differentiating factor from other disorders such as schizophreniform psychosis or schizophrenia. When there is a stressful event at the origin of the psychotic symptomatology, it is also called brief reactive psychosis. The pathophysiology of BPD is not known, especially given the extremely low incidence of the disorder. This condition most often affects people in their 20s, 30s, and 40s, and its higher prevalence among patients with personality or mood disorders may suggest an underlying biological or psychological susceptibility that may have some genetic influence.
Objectives: To describe the main diagnostic considerations, clinical manifestations, treatment, prognosis and prevention of brief reactive psychosis through the description of a clinical case that developed two episodes of brief reactive psychosis in a period of 1 year and to emphasize the importance of maintaining treatment for a period of suitable time.
Methods: Case report and literature search with the terms: brief reactive psychosis, psychosis, neuroleptic, stressor event.
Results: We describe the clinical case of a 29-year-old woman, born in S. Tomé and Príncipe, previously healthy, with no personal or family history of mental illness, who had her first brief reactive episode after coming to Portugal. With the introduction of the 2nd generation antipsychotic, paliperidone, there was a substantial improvement in the condition, however, with the development of side effects having subsequently abandoned the treatment. About 1 year after starting work in Portugal, she develops a new event, a new psychotic episode, with characteristics of a brief psychotic disorder.
Conclusions: It is extremely important to alert patients to the possible side effects of drugs, as well as those who experience a brief psychotic episode, which are the risk factors and the need to comply with treatment in order to avoid a new relapse.

Disclosure of Interest: None Declared

EPV0920

"Embodied Psychomotor Therapy" in patients with Schizophrenia

A. Vulpio[1]*, S. Amorosi[1], F. Magnani[1], R. Ottoni[2], C. Marchesi[1,2] and M. Tonna[1,2]

[1]Department of Medicine and Surgery, Unit of Neuroscience, University of Parma and [2]Department of Mental Health, Local Health Service, Parma, Italy
*Corresponding author.
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Introduction: Evidence from contemporary research has highlighted abnormal subjective pre-psychotic experiences as an expression of schizotropic vulnerability, for which trajectories up to First Rank Symptoms have been described. Embodiment is crucial to the conceptualisation of these experiences as the distinctive feature of schizophrenic phenomena. In fact, these are embedded in precise experiential frameworks such as Diminished Self-Affection and Hyperreflexivity, which constitute *in nuce* the experience of Dis-Embodiment. The latter responds poorly to conventional therapies, thereby affecting considerably the prognosis *quoad valetudinem* of Schizophrenia.
Objectives: This study is intended to explore the use of specific psychomotor therapy protocols aimed at fostering Embodiment in patients with Schizophrenia, especially by investigating its efficacy and specificity on self-perceived body disorders, on characteristic motor abnormalities and on psychopathological dimensions.
Methods: The study involves the participation of 20 patients throughout 10 weekly 90-minute meetings of Embodied Psychomotor Therapy (EPT) in groups of approximately 5 participants. Despite being partially inspired by current approaches, EPT is conceived as a specific activity intended for patients with schizophrenia: each meeting combines *intersubjective coordination*

activities (complex motor sequences, harmonious control of voluntary movement and movement in space, body-awareness), *intra-subjective coordination* (mirroring, demarcation and identification of one's own boundaries, single-group dynamics), and exercises aimed at developing *motor skills* (proprioception, balance, posture, rhythm and speed). At the beginning of the activity (T0) and after 10 meetings (T1) participants will carry out self-administered and externally administered assessments, for the evaluation of motor (BMS, LOFOPT, BBS, AIMS, SRRS), psychopathological (PANSS, FBF, ABP), social functioning (SOFAS) and daily physical activity level (IPAQ) dimensions.
Results: The study is still ongoing, due to limitations dictated by the Sars-CoV-2 pandemic. Preliminary results at T0 indicate a positive correlation between low levels of daily physical activity (IPAQ) and poor functioning (SOFAS). Significantly higher motor impairment with respect to the general population is also confirmed in all motor scales used. Moreover, a positive correlation between low levels of motor coordination (BMS_MC) and balance (BSS_TOT) was found together with basic symptoms related to loss of control or self-agency (FCQ_KO). Furthermore, the first results suggest an overall improvement in motor performance at T1.
Conclusions: The longitudinal analysis will enable the extent of the impact of EPT on functioning, motor and psychopathological dimensions of the patients to be determined, providing useful elements for planning specific rehabilitation interventions for schizophrenia.

Disclosure of Interest: None Declared

EPV0921

DIMENSIONAL DIAGNOSIS IN SCHIZOPHRENIA SPECTRUM DISORDERS: A CASE REPORT

A. S. Cusenza[1]*, L. Zebi[1], G. Menculini[1], M. Grignani[2], F. Fontana[3] and A. A. V. Tortorella[4]

[1]Department of Psychiatry, University of Perugia; [2]Department of Mental Health; [3]Department of Mental Health, Local Health Unit "Umbria 1" and [4]Department of Mental Health, University of Perugia, Perugia, Italy
*Corresponding author.
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Introduction: The use of diagnostic categories, although useful, fails in capturing the psychopathological complexity of the individual case. As for schizophrenia spectrum disorders, positive symptoms are not always included in the presentation, so further dimensions should be considered for a correct diagnosis.
Objectives: To describe the importance of dimensional diagnosis in schizophrenia spectrum disorder based on a clinical experience
Methods: We report the case of a late-onset schizophrenia spectrum disorder with an affective presentation
Results: I. is a 44-year-old woman who accessed the Community Mental Health Center due to subjective memory complains. After clinical evaluation, depressive symptoms and circadian rhythm disturbances emerged. The patient also reported dissociative experiences, which emerged after her brother's death. She underwent a neurological visit that excluded the possible early manifestation of a neurodegenerative disorder. Quetiapine was at first prescribed, due to the possible action on both insomnia and mood symptoms, with insufficient response. After a few visits, a deeper mental state examination revealed the presence of delusions. The patient also reported having experienced hallucinations. Psychotic symptoms appeared to be persistent and pervasive. We changed the antipsychotic to full-dose olanzapine, with good response. After a six-month observation, the patient was diagnosed with schizophrenia.
Conclusions: The diagnosis of late-onset schizophrenia should take into account clinical history, drugs response, and the evaluation of different psychopathological dimensions

Disclosure of Interest: None Declared

EPV0922

Association between cognitive deficits and negative symptoms: a systematic review of the literature

A. Melillo*, G. M. Giordano, E. Caporusso, F. Tomassini, A. Perrottelli, L. Giuliani, P. Pezzella, N. Sansone, A. Mucci and S. Galderisi

Department of Psychiatry, University of Campania "Luigi Vanvitelli", Naples, Italy
*Corresponding author.
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Introduction: In patients with schizophrenia, numerous studies have shown a relationship between negative symptoms and cognitive deficits (both neurocognition and social cognition deficits) and a similar impact of these domains on different clinical features such as onset, course and prognostic relevance. However, this relationship is still today subject of scientific debate.
Objectives: The aim of the present study is to conduct a systematic review of the literature on data concerning the relationships between neurocognition and social cognition deficits and the two different domains of negative symptoms– avolition-apathy and expressive deficit.
Methods: A systematic review of the literature was carried out following PRISMA guidelines and examining articles in English published in the last fifteen years (2007 - March 2022) using three different databases (Pubmed, Scopus and PsychINFO). The included studies involved subjects with one of the following diagnoses: high risk of psychosis, first episode of psychosis, or chronic schizophrenia. Other inclusion criteria of the reviewed studies included: evaluation of at least one neurocognitive or social cognition domain and at least one negative symptom using standardized scales; analysis of the relationship between at least one neurocognitive or social cognition domain and a negative symptom.
Results: Databases search produced 8497 results. After title and abstract screening, 395 articles were selected, of which 103 met inclusion criteria. The analysis of retrieved data is still ongoing. Preliminary evidence highlighted: a correlation between social cognition and negative symptoms, in particular with the "expressive deficit" domain; a positive correlation between the severity of negative symptoms and that of neurocognitive deficits (in particular with the "processing speed" domain); an association of verbal working memory deficits with alogia and anhedonia.
Conclusions: The study of the relationship between negative symptoms, neurocognitive deficits and social cognition could contribute to the understanding of the aetiology of psychotic disorders and therefore to the identification of therapies for the improvement of overall functioning and quality of life. The studies analysed so far show some interesting associations between cognition and negative symptoms, but the presence of often inconsistent results, partially attributable to the different conceptualizations of the various