although usually unconscious, are a common reason for hospitalization and a source of rejection and stigmatization by family and society.
Objectives: The objective of this study was to evaluate the presence of aggressive behavior in relapsed inpatients with schizophrenia in the F psychiatry department at the Razi Hospital in Tunisia.
Methods: This was a descriptive, cross-sectional study of fifty male patients hospitalized for a psychotic relapse who were naïve or discontinuing treatment for at least two months. Patients were assessed using a semi-structured questionnaire and the Overt Aggression Scale (OAS).
Results: The age of the patients included ranged from 17 to 65 years, with an average of 36.4±11.51 years. More than half of the patients were without occupation (58%, N= 29). For personnal history : Seven patients (14%) had attempted suicide ; Eight patients (16%) showed evidence of self-harm ; Thirteen patients (26%) had a history of arrests of which eleven (22%) were incarcerated.The OAS score ranged from to 0 to 35 with a mean at 9.7+/- 10.3. Twenty-seven patients were aggressive (54%).
Conclusions: Preventive strategies should focus more on predicting the aggressive potential of patients with schizophrenia and its socio-professional implication. Perhaps when using a less holistic approach to the disease and when approaching aggressive behavior as a symptom in its own right, we will be able to find other alternative options.

Disclosure of Interest: None Declared

EPV0952

Testostérone and Positive Dimension in Schizophrenia

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Introduction: Schizophrenia is characterised by a loss of contact with reality due to the presence in its symptomatology of a delusional and/or hallucinatory syndrome, also called positive symptoms and/or a dissociative syndrome, which reflects the negative component of the disease. Few studies suggest a probable link between testosterone and the symptomatic dimension of schizophrenia, but this subject remains poorly documented.
Objectives: The purpose of this study was to describe Testosterone profile in male patients with schizophrenia who are naïve to antipsychotic treatment or have been off it for at least two months and to investigate the relationship between testosterone levels and disease severity.
Methods: This was a descriptive, cross-sectional study of fifty male patients hospitalized for a psychotic relapse who were naïve or discontinuing treatment for at least two months. Patients were assessed using a semi-structured questionnaire and The Positive and Negative Syndrome Scale (PANSS). A blood sample was taken to measure testosterone level.
Results: The age of the patients included ranged from 17 to 65 years, with an average of 36.4±11.51 years. The PANSS score ranged from 50 to 195 with a mean of 116.76 +/- 31.817. Testosterone values ranged from 2.01 to 10.03 ng/ml with a mean of 4.74± 2.01 ng/ml. The majority had normal testosterone levels (94%) ; only 4% had high values and 2% had low values. A positive correlation was found between the positive component of PANSS and elevated testosterone (p=0.011). For the other subscales, no correlation with testosterone levels.
Conclusions: The present study is in favour of a testosterone aggravation of the mostly positive clinical signs of the disease in a significant way. Hormone assays could thus be a specific marker of certain patient profile with a particular evolution.

Disclosure of Interest: None Declared

EPV0953

The role of immune disfunction in schizophrenia pathogenesis

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Introduction: In the last years there has been increasing evidence that inflammation and autoimmunity may play a role in the pathogenesis of schizophrenia.
Although the brain has been considered an immune-privileged site, we understand now that infections and inflammation interfere with the blood-brain barrier, making the brain vulnerable to antibodies, cytokines and infectious agents.
Objectives: To understand the role of immune disfunction in schizophrenia pathogenesis, as well as the potential role of immunotherapy in its treatment.
Methods: We performed a narrative review of the evidence, using the following terms and their combinations “schizophrenia”, “autoimmunity” and “monoclonal antibodies”.
Results: It is widely known that prenatal, perinatal and childhood exposure to infections, nutritional deficits and other environmental insults, acting on a background of genetic vulnerability, may lead to schizophrenia. In such cases, we can observe potent and enduring inflammatory responses, such as cytokines dysregulations.
State markers, including IL-1β, IL-6 and TGF-β have increased levels during exacerbation of symptoms and stabilized levels when antipsychotics are administrated. Trait markers, such as IL-12, IFN-γ and TNF-α have systematically increased levels in acutely and chronically ill patients, even during clinical stability.
Moreover, patients with schizophrenia have been showing abnormalities of the blood-brain barrier, signs of central nervous system inflammation and elevated autoantibody levels and reactivity.
Several autoimmune diseases are associated with schizophrenia, such as celiac disease, Graves’ disease and psoriasis. On the other hand, it is known since the 1950’s that schizophrenia has a negative association with rheumatoid arthritis.
There are case reports of people with psychosis that were treated with immunosuppressive agents (for concurrent autoimmune diseases) that showed improvement in their psychotic symptoms.
NSAIDs, immunomodulators and several monoclonal antibodies have been tested as potential treatments for schizophrenia. The results were conflicting but promising. It is suggested that not every patient with schizophrenia may benefit from these treatments. Ideally, treatment targeting the immune system should be provided

in earlier phases of disease, such as in prodromal psychosis and first episode psychosis, because these are related to irreversible grey matter loss which causes cognitive decline.
Conclusions: Immune dysregulation may have an important etiological role in schizophrenia.
Hence, specific therapeutic approaches targeting the immune system may lead to new ways of treating and even preventing psychotic disorders.
Further investigation is necessary in order to provide more information on how aberrant antibody and cytokine production interferes with neuronal function and how it is expressed at the clinical level.

Disclosure of Interest: None Declared

EPV0954

Comorbid Obsessive-Compulsive Symptoms in Schizophrenia - Diagnostic and Treatment Challenges

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Introduction: The comorbidity between Schizophrenia and Obsessive-Compulsive Symptoms represents almost 25% of schizophrenic patients and it is believed that almost 12% match the diagnostic criteria for Obsessive-Compulsive Disorder. Some second-generation antipsychotics may worsen or even induce those symptoms, which makes the treatment of this patients a difficult challenge.
Objectives: To assess the link between Schizophrenia and Obsessive-Compulsive Symptoms, to discuss the diagnostic challenges and treatment options. To present a clinical case report of a schizophrenic patient with Obsessive-Compulsive Symptoms, which improved with proper treatment.
Methods: We performed a non-systematic review of the existent literature with the keywords "Schizophrenia" and "Obsessive-Compulsive Symptoms". Description of a clinical case report.
Results: We present the case report of a male, 21 years old, single, diagnosed with Schizophrenia. In the past year, he was admitted twice in a psychiatric ward for persecutory and mystic delusions, which lead him to erratic behaviour. Since his adolescence he manifested repeated washing and compulsive cleaning associated with the fear of being contaminated with multiple diseases. Those compulsions worsened when he started being treated with antipsychotics. However, with therapeutic adjustments and with the introduction of an antidepressant we were able to control those symptoms.
Conclusions: Some antipsychotics may induce or even aggravate Obsessive-Compulsive Symptoms in psychotic patients. It is of extreme relevance to differentiate those symptoms as comorbid in Schizophrenia or if they existed prior to the first positive symptoms, since they can be representative of an Obsessive-Compulsive Disorder. Understanding this diagnostic and treatment complexity enables us to be more familiar with the development of Obsessive-Compulsive Symptoms in schizophrenic patients.

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EPV0955

Clozapine in First Episode Psychosis: The best is delayed

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Introduction: Only two out of three patients diagnosed with First Episode Psychosis (FEP) achieve symptom remission after the administration of two different antipsychotics, illustrating the high prevalence of treatment-resistance in FEP. Of those, 84% are treatment-resistant since illness onset. Response to initial treatment is one of the main long-term illness course predictors. The only medication approved for treatment-resistant psychosis is clozapine and studies have demonstrated its superior antipsychotic effect among this drug class.
Objectives: The aims of this communication are to describe a clinical case of FEP with symptom remission achieved only with clozapine and to review the literature regarding the pattern of clozapine use in FEP, the main difficulties of implementing it and its impact on the prognosis of this patients.
Methods: Relevant data from the patient's medical record were collected. Pubmed database was searched using the terms "clozapine" and "first episode psychosis".
Results: A 50 year old woman without previous contact with psychiatric services was taken to the emergency room following behavioural disorganisation and heteroagressive conduct. Poisoning and referential delusions, as well as alienation of personal action and elementary auditory hallucinations were found and the patient was admitted in the psychiatric unit. She began treatment with Aripiprazole without therapeutic benefit and a switch to Paliperidone was made, with the same result. Clozapine was then titrated to a dose of 100mg/day, with resolution of all the positive symptoms mentioned above and she acquired total insight to the disease and need for treatment, being discharged with a diagnosis of schizophrenia. 9 articles, all from 2017 onwards, were collected from the Pubmed database.
Conclusions: There's reluctance in prescribing clozapine in treatment-resistance FEP. This is evidenced by the mean number of antipsychotic prescribed before clozapine - 2.74 to 4.85 - as well as the delay on its prescription - 294 to 2447 days - and its prescription to only 16% in a cohort of patients with FEP. The main reasons for this hesitation are the serious, albeit rare, side-effects, such as agranulocytosis and myocarditis, as well as the difficulty in implementing it in community services, with mandatory weekly blood tests and very slow titration of the drug and treatment compliance issues, making it a very resource-consuming drug. However, in that same cohort, there was a significant reduction of the number of admissions, re-admissions and duration of hospitalisation, highlighting the need for earlier consideration in treatment-resistant FEP. The identification of treatment-resistance should then be proactive by the mental-health services, ensuring an earlier clozapine initiation with the goal of greatly improving the prognosis of these patients

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