

research has also shed light on potential neurobiological mechanisms and genetic factors contributing to shared psychosis. Therapeutically, early intervention and tailored treatment plans are crucial in achieving favorable outcomes. While antipsychotic medications remain a cornerstone of treatment, family therapy and psychoeducation have emerged as valuable adjunctive approaches to address the unique challenges posed by shared psychosis.

Conclusions: In conclusion, “Folie à deux” continues to be a captivating and clinically relevant phenomenon in contemporary psychiatry. This bibliographical review underscores the importance of recognizing and diagnosing shared psychosis in clinical practice. Moreover, it highlights the need for further research to unravel the underlying mechanisms and genetic predispositions associated with this condition. Ultimately, a multidisciplinary approach, including pharmacological, psychotherapeutic, and family-based interventions, holds promise in improving the prognosis of individuals affected by “Folie à deux.”

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EPV0968

Ferroptosis affects cognitive dysfunction and the progression of mental illnesses

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Introduction: Ferroptosis is a programmed form of cell death characterized by excessive accumulation of intracellular iron fraction, uncontrolled lipid peroxidation, impairment of glutathione-dependent antioxidant functions, and loss of oxidative-antioxidant balance. Nerve cells are sensitive to excessive amounts of iron, which impairs the functioning of mitochondria and leads to their death. Ferroptosis has been identified in neurological diseases such as stroke, Alzheimer’s disease, Parkinson’s disease. Features of ferroptotic cells have been observed in models expressing cognitive deficits, and ferroptosis-related genes have been associated with the development of mental illnesses.

Objectives: The aim of the study was to analyze the available literature on the relationship between the occurrence of ferroptosis and cognitive impairment occurring in mental diseases, such as schizophrenia

Methods: The publications found in the PubMed database were analyzed after entering the following entries: ferroptosis, mental illness, cognitive functions, schizophrenia.

Results: Ferroptosis occurs in mental illnesses. Increased expression of the TP53 and VEGFA genes, which are associated with ferroptosis, has been identified in patients suffering from schizophrenia. Animal research confirms that disturbed iron homeostasis causes iron overload in nerve cells, which leads to ferroptosis and has a neurodegenerative effect, as well as deepens cognitive deficits. The use of iron chelator has a neuroprotective effect and reduces the occurrence of cognitive disorders.

Conclusions: Genes associated with ferroptosis may influence the development of schizophrenia, which means that ferroptosis may be involved in the pathophysiology of schizophrenia. Excess iron

inside nerve cells, as a feature of ferroptosis, may affect the deterioration of cognitive functioning. Administration of iron chelators protects neurons by reducing the toxic effects of iron.

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EPV0969

Determinants of hospital length of stay for patients with schizophrenia

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Introduction: relapse and frequent rehospitalizations. The length of stay (LOS) of these patients has been a concern of researchers. The ability to identify determinants of LOS at admission – and, thus, identify patients who are likely to need a longer stay early on – may help treatment planning.

Objectives: We aimed to investigate socio-demographic and clinical profile of inpatients with schizophrenia, and to identify factors associated with LOS.

Methods: It was a retrospective study carried out among 90 inpatients with schizophrenia admitted to the psychiatry “B” department, Hedi Chaker university hospital (Sfax, Tunisia), during the period between January 2015 and December 2019. Data collection was performed through the patients’ medical records. Statistical analysis was performed using SPSS v.25.

Results: The mean age of our patients was 32 years. Among them, 57.78% were women. The mean LOS was 28 days. Factors found to be significantly associated with LOS were: the number of admissions ($p < 0.001$, $r = 0.404$), involuntary hospitalization ($p = 0.001$), violence and disturbance of public order as a reason of admission ($p < 0.001$) and the lack of social support ($p = 0.039$). As for the clinical symptoms, hallucinations were significantly associated with a longer LOS ($p = 0.001$).

Conclusions: Our findings highlighted several factors associated with a longer LOS. This may be helpful to the management of hospitalization and ensuring that any periods of liberty deprivation do not last longer than necessary to provide appropriate treatment.

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Hydroxychloroquine in systemic lupus erythematosus and psychosis. A case report

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