

**Introduction:** Cannabis-induced psychotic disorder (CIPD) is defined by the development of psychotic symptoms during or briefly after intoxication with cannabis or withdrawal from cannabis. The social measures and restrictions implemented following the COVID-19 pandemic might have had an impact on cannabis availability, as suggested by patients from our clinical practice, reporting a shortage of the substance.

**Objectives:** To compare sociodemographic, clinical characteristics and admission rates of inpatient treatment for cannabis-induced psychotic disorder in COVID-19 pandemic period and pre-pandemic period.

**Methods:** Retrospective observational study of inpatient admissions for CIPD in a psychiatry inpatient unit of a tertiary hospital. The statistical analysis was performed using SPSS software, version 27.0.

**Results:** Our sample included 120 inpatient admissions, corresponding to 80 patients. Compared to 2018 and 2019, in 2020 there was an overall reduction of 21.5% in inpatient admissions (n=618, 549 and 458, respectively). The number of admissions for CIPD in 2018, 2019, 2020 and 2021 up to september were, respectively, 29, 32, 10 and 31 (5.2%, 6.1%, 2.2% and 7.2% of respective annual admissions). We found no statistically significant differences regarding sociodemographic and clinical characteristics in patients admitted for CIPD during 2020.

**Conclusions:** These results suggest a disproportionate reduction of inpatient admissions due to CIPD in 2020, followed by an expressive increase in the number of admissions in 2021 up to september. This might be related to cannabis availability returning to regular levels. However other factors must be considered, such as the delay of treatment due to reduced accessibility to health care.

**Disclosure:** No significant relationships.

**Keywords:** Cannabis-induced psychosis; drugs; Cannabis; pandemic

## EPV1425

### Negative symptoms and social and occupational functioning differentiate systematic paraphrenia from schizophrenia: results from a cross-sectional study

L.A. Fernandes\*, B. Trancas, T. Maia and N. Borja Santos  
Hospital Prof. Doutor Fernando Fonseca EPE, Psychiatry, Amadora, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.2052

**Introduction:** Kraepelin's systematic paraphrenia (SP) has been historically used to identify a group of patients in the psychosis-spectrum with good global functioning and reduced impairment in volition and emotions.

**Objectives:** Cross-sectional study comparing a group of patients with SP with another with schizophrenia (SZ).

**Methods:** We consecutively recruited SP cases from a single centre. SZ cases were selected to match those in the SP group in terms of age and sex. We diagnosed SP using the Munro Criteria and SZ using ICD-10. We collected standard sociodemographic and clinical data. All patients were under follow-up in a community mental health team at the time of the study. We used PANSS total score (PANSS-

TS) to assess disease severity and its subscales to evaluate positive (PANSS-P) and negative (PANSS-N) symptoms, and general psychopathology (PANSS-GP). We applied SOFAS to assess social and occupational functioning.

**Results:** We recruited 32 patients, 16 with a diagnosis of SP and 16 with a diagnosis of SZ. The two groups did not differ in terms of sociodemographic data. SP cases showed lower values for PANSS-TS (SP: mean=51.63±12.49; SZ=77.76±14.12; p<0.001), PANSS-NS (SP: mean=15.50±5.97; SZ: mean=26.06±5.39; p<0.001), and PANSS-GP (SP: mean=24.31±5.51; SZ: mean=37.13±5.62; p<0.001). Groups did not differ in terms of positive symptoms. SOFAS scores were significantly higher in SP (SP: median=68, interquartile range (IQR)=19; SZ: median=41, IQR=24; p<0.01). PANSS-NS negatively correlated with SOFAS only in the SP group (r=-0.716; p=0.002).

**Conclusions:** SP differs from SZ in negative symptoms and social and occupational functioning. These findings suggest clinical features can differentiate SP from SZ.

**Disclosure:** No significant relationships.

**Keywords:** paraphrenia; schizophrénia; negative symptoms; Psychosis

## EPV1426

### Folie à deux: contagious mental illness? Report of a clinical case

A. Costa\*, S. Jesus, M. Almeida and J. Alcáface

Baixo Vouga Hospital Centre - EPE, Psychiatry And Mental Health Department, Aveiro, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.2053

**Introduction:** Folie à deux is a clinical condition that was first described in 19th century. It is a psychotic disorder in which two closely associated individuals share a similar delusional system. However, folie à deux is still a matter of study and debate today as it remains a challenge for psychiatrists.

**Objectives:** The aim of this article is to report a clinical case of folie à deux, between na inducer son and an induced mother. Review the nosological significance of folie à deux and to explore the disorder among patients with psychosis.

**Methods:** Search in the PubMed/MedLine and Medscape databases with the following key words: folie à deux; shared psychosis; shared delusion.

**Results:** We present a case of folie à deux between na inducer son 28 years old and the induced, his mother. They were found to be sharing similar delusional beliefs. The patient has assumed the role of "man of the house" since his father's death.

**Conclusions:** Many years after it was first described, folie à deux is still an interesting and challenging disorder to psychiatrists. Its recognition and correct referral for a rare diagnosis, such as folie à deux, are extremely important.

**Disclosure:** No significant relationships.

**Keywords:** Induced delusional disorder; shared psychosis; folie à deux; Shared delusion