detection of stigma and its correlates is essential in patients with psychosis.
Objectives: The purpose of this study was to assess illness insight, stigma, social anxiety and quality of life in patients with a first episode of psychosis and their possible correlations
Methods: The sample of this study consisted of 90 patients with a first episode of psychosis that fulfilled inclusion and exclusion criteria. Tools used for the purpose of this study were Schedule for the assessment of insight-Expanded version, Internalized Stigma for Mental Illness Scale, World Health Organization Quality of Life Assessment - Greek version, Liebowitz Social Anxiety Scale - Greek version. Data were collected and analyzed with SPSS v26.
Results: The study group had good insight (SAI-E score: 20.33±4.449), medium to high stigma values (ISMI score 50.93±7.854), a good enough quality of life (WHOQOL-BREF score: 86.08±10.010) and low levels of social anxiety (LSAS-Gr Fear score: 3.26±8.653; Anxiety score: 2,93±7,596). The results of this study show significant at the 0.01 level 2-tailed correlations as such: (i) a positive and significant relationship between ISMI and LSAS-Gr, (ii) a negative and significant relationship between ISMI and WHOQOL-BREF, and (iii) a negative and moderate relationship between WHOQOL-BREF and LSAS-Gr.
Conclusions: We report medium to high stigma levels, good insight and a good enough quality of life in a sample of first-episode patients with psychosis.

Disclosure: No significant relationships.
Keywords: Stigma; insight; social anxiety; First episode psychosis

EPV0638

Schizophrenia likely related to be with cadasil: A case report

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Introduction: CADASIL (Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy) is an inherited disease caused by mutations in the Notch3 gene in chromosome 19.The clinical features are primarily neurological, which include recurrent transient ischaemic attacks, strokes, and migraines.However, psychiatric manifestations such as severe depression, psychosis, changes in behavior and personality have also been reported in CADASIL. Symptoms and disease onset vary widely, with signs typically appearing in the mid-30s.Some individuals may not show signs of the disease until later in life.
Objectives: In this case report, we present a possible case of CADASIL, a 67-year old female patient diagnosed with schizophrenia fifteen years ago to discuss the co-occurrence of these conditions in the light of the literature.
Methods: Hospitalization records of the patient viewed.
Results: Our patient suffered from sleep disturbances, hearing religious voices and in psychiatric examination resistant to treatment psychotic symptoms such as blunted affect, mystic, persecutory delusions, auditory hallucinations were present.Cranial magnetic resonance imaging scan was performed and revealed leukoencephalopathy, high-signal intensity lesions in the periventricular white matter consistent with a diagnosis of CADASIL. Atypical antipsychotics found to be effective in treating psychotic symptoms in our case.
Conclusions: Persistent psychotic symptoms despite adequate antipsychotic treatment in patients diagnosed with schizophrenia, also with pathological findings in MRI an organic cause such as CADASIL must be considered. Further studies are needed to better understand the exact impacts of cerebral tissue lesions and psychiatric symptoms in CADASIL patients.

Disclosure: No significant relationships.
Keywords: CADASIL syndrome; schizophrénia; organic psychosis

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Electroconvulsive therapy in a patient with resistant paranoid schizophrenia treated with clozapine

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Introduction: One of the usual indications for Electroconvulsive Therapy (ECT) is Paranoid Schizophrenia (PS), being performed usually in cases resistant to antipsychotics.
Objectives: To present a clinical case of a patient with antipsychotic-resistant PS, including Clozapine, who received ECT.
Methods: We present the case of a 47-year-old patient with an 8-years diagnosis of PS. He presented visual, auditory, and kinesthetic hallucinations, delusions, and thought insertion and diffusion phenomena that impeded concentration. He had received treatment with different antipsychotics (including Clozapine), without achieving remission of symptoms. He also presented significant adverse effects such as hypersalivation and extrapyramidal symptoms. Due to the poor response and the adverse effects that limited the dose increase, it was decided to start ECT.
Results: The patient received a total of 9 sessions, presenting a significant reduction in symptoms since the 5th session (disappearance of the sensory-perceptual alterations and thought disturbances). As side effects, the patient presented amnesia of the moments prior to applying the therapy, which subsequently resolved. The patient continued to present concentration difficulties, although after ECT he denied the presence of thought insertion or diffusion phenomena to which he previously attributed the cause of these difficulties.
Conclusions: Although less responsive than in other indications, ECT combined with antipsychotic drugs has been proven to be more effective than monotherapy (regardless of whether it's Clozapine or another). This lower response could be due to the use of ECT in the most resistant cases, since it has been demostrated that in more acute cases a faster improvement occurs when the two treatments are combined.

Disclosure: No significant relationships.
Keywords: Electroconvulsive therapy; schizophrénia; resistant schizophrénia; clozapine