

EPV0908

Childhood trauma, psychotic symptoms: which association?

A. Syrine*, F. Rim, G. Imen, S. Najeh, O. Sana, M. B. Manel, Z. Lobna, B. T. Jihen, C. Nada and M. Mohamed

Psychiatry 'C' Department, University Hospital of Hedi Chaker, Sfax, Tunisia

*Corresponding author.

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Introduction: Clinical evidence supports the interaction between genetic predisposition and environmental stressors on the emergence of positive psychotic symptoms. Childhood trauma might be a modifiable risk factor among adults with serious mental illness.

Objectives: The aim of our study was to investigate associations between childhood trauma (physical abuse, sexual abuse, emotional abuse, emotional neglect, and physical neglect) and symptoms of schizophrenia.

Methods: We included in our study 33 stabilized inpatients with schizophrenia at the Psychiatry C department at University Hospital in Sfax-Tunisia.

Data on Sociodemographic and clinical variables were collected from medical records.

Psychotic symptoms were evaluated using the Positive and Negative Syndrome Scale (PANSS). We used the Childhood Trauma Questionnaire-Short Form (CTQ-SF) to evaluate childhood trauma experiences.

Results: Our sample was exclusively composed of men with an average age of 35 years and 4 months.

The majority of patients were unemployed (75.8%). Only 6.1% of them were married.

Among the patients included in the study, 15.2% of our patients were illiterate. The majority of subjects were treated after a period of untreated psychosis (65.5%).

The analysis revealed that 42.4% of our patients experienced childhood adversities with mean CTQ-SF total score 35.48 (SD=9.44)

We found that positive and general psychopathology schizophrenia symptomatology were correlated to Childhood abuse (0.03; 0.004), emotional abuse (0.009; 0.004), physical neglect (0.02; 0.01), and emotional neglect (0.01).

In addition, our analysis showed that only emotional abuse lead to more negative schizophrenia symptomatology (p=0.009).*

Conclusions: Several studies have shown an association between childhood trauma and specific symptoms of psychosis. Therefore, Childhood trauma should be considered and inquired about in the course of clinical care of schizophrenia patients.

Disclosure of Interest: None Declared

EPV0907

Schizophrenic with childhood trauma: characterization of a Tunisian sample

A. Syrine*, F. Rim, B. Olfa, G. Imen, S. Najeh, O. Sana, M. B. Manel, Z. Lobna, C. Nada, B. T. Jihen and M. Mohamed

Psychiatry 'C' Department, University Hospital of Hedi Chaker, Sfax, Tunisia

*Corresponding author.

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Introduction: Schizophrenia is a neurodevelopmental process affecting approximately 1% of the population. Multiple studies have found that Childhood trauma is an important risk factor in the emergence and clinical course of schizophrenia.

Objectives: The purpose of this study was to assess the characteristics of schizophrenic inpatients with childhood trauma among a tunisian sample.

Methods: Stabilized inpatients with schizophrenia at the Psychiatry C department at University Hospital in Sfax were involved in our study. Sociodemographic and clinical data of patients were collected from medical records.

We used Childhood Trauma Questionnaire-Short Form (CTQ-SF) to evaluate the occurrence of childhood maltreatment.

Results: We recruited 33 patients, all men with a mean age of 35 years and 4 months (SD=9.44 years).

They were married in 6.1% and 24.2% of patients had regular work. The mean age of onset of the disorder was 24.42(3.25).The level of poor psychotropic medication adherence was 72.7%.

According to CTQ-SF, 78.8% of patients had experienced child trauma with a mean score of 35.67 (SD =8.61).

A rate of 39.4% reported having experienced one child trauma, while 60.6% reported having experienced more than one.

We found high rates of emotional neglect (87.8%) while emotional and physical abuse during childhood were experienced by 39.4%, and 6% respectively and physical neglect were found in 30.3% of cases.

Patients with more than one childhood trauma were found to have an earlier onset of psychosis (p=0.004)

The occurrence of childhood trauma was not associated with the socio-demographic characteristics of the respondents or the clinical features of the disease.

Conclusions: The results point toward childhood emotional neglect being of specific importance to schizophrenia, which may be an area for future prevention and clinical attention.

Disclosure of Interest: None Declared

EPV0908

PSYCHOTIC DISORDER DUE TO PSYCHOSOCIAL STRESS EPISODE. REVIEW OF A CASE.

A. Gonzalez-Mota^{1,2*}, I. M. Peso-Navarro¹, C. Garcia-Cerdan¹, C. Munaiz-Cosio¹, M. Ligerio-Argudo¹ and C. Martin-Gomez^{1,2,3}

¹Psychiatry, University Hospital Complex of Salamanca; ²Institute of Biomedicine of Salamanca (IBSAL) and ³Psychiatry, School of Medicine, University of Salamanca, Salamanca, Spain

*Corresponding author.

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Introduction: Psychotic disorder is defined as a loss of contact with reality. Those who suffer from it perceive an altered reality, assuming it to be true. This feeling of unreality generates nervousness, anguish, hypervigilance and even social and emotional isolation.

We present the case of a 18-year-old woman who attended the Emergency Department accompanied by the director of her college due to behavioral alterations. The patient reports that since she has moved to Salamanca to study, she has the feeling that her father has hired spies, one of them being her classmate, being able to hear sounds and voices, which she defines as motivating her to go on

with her life. She reports that she is in a lower mood in this context and that there have been some days when she has not been able to attend class.

Objectives: The objectives are to study the severity of the psychotic disorder in a young patient subjected to an episode of stress and to observe the reaction of the patient when it has been properly treated.

Methods: We carry out a review of the clinical history of a 18-year-old female patient with psychotic disorder, admitted to the Psychiatric Brief Hospitalization Unit (PBHU) in Salamanca.

Results: The patient was treated with Risperidone 2mg/24h. After a few days in the PBHU, total disappearance of the psychotic symptoms was observed and the patient is completely self-critical. Once she was discharged, it was decided that she should return home with her parents for several months and continue treatment with Aripiprazole and Sertraline.

Conclusions: Occasionally, there are ethical dilemmas about beginning to treat young patients with psychotic ideas derived from external situations. Optimal treatment including drugs, psychotherapy and family support are essential. According to the scientific literature, a greater involvement in diagnosis, treatment and follow-up is recommended in patients with psychotic symptomatology derived from stress.

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EPV0909

Clozapine use in drug induced psychosis in Parkinson's disease: a case report and review of literature.

A. Sanz Giancola*, P. Setién Preciados, E. Arroyo Sánchez, I. Romero Gerechter, M. Martín Velasco and C. Díaz Mayoral

Psychiatry, Hospital Universitario Príncipe de Asturias, Alcalá de Henares, Spain

*Corresponding author.

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Introduction: The occurrence of psychotic symptoms induced by dopaminergic drugs marks a new phase in the course of Parkinson's disease (PD). The term drug induced psychosis may be used when other significant psychiatric diseases are excluded in patients with no history of psychosis. The prevalence of dopaminomimetic psychosis varies from 5% to 20%. Therefore, knowledge of the psychopharmacological management of this condition is essential.

Objectives: The purpose of this case report and literature review is to learn the psychopharmacological management of this not uncommon medical complication.

Methods: Descriptive case study and review of literature

Results: We present the case of a 71-year-old man with a medical history of Parkinson's disease with partial response to treatment with high doses of levodopa and carbidopa.

He was brought to the emergency department by his family due to the presence of behavioural alterations at home.

The patient reported seeing men in foam trying to harm his family. In a disjointed way in his speech, he links this idea with the delusional belief that he is being watched by electronic devices placed throughout the house. In a variegated manner he links this with a coelotypical type of discourse, however the delusional ideation remains unstructured throughout.

With no previous personal or family history of mental health and ruling out underlying organic conditions, a diagnosis of psychosis secondary to pharmacological treatment for Parkinson's disease is presumed.

Considering the risks and benefits, it was decided to maintain the anti-Parkinson's dose in order to avoid worsening the patient's motor function. Therefore, after reviewing the literature, the best option was to introduce clozapine at low doses, up to 50 mg at night, with the respective analytical control. After a week's admission, the patient began to improve psychopathologically, achieving an ad integrum resolution of the psychotic symptoms.

Conclusions: Despite the availability of other antipsychotic treatments such as quetiapine or the more recent pimavanserin, clozapine remains the treatment of choice for drug-induced psychosis in Parkinson's disease.

Disclosure of Interest: None Declared

EPV0910

Challenges in Treating Schizophrenia with LAIs – Analysis of Own Results

A. A. Todorov*, M. Y. Stoimenova, T. R. Tzoneva and V. S. Tzankova

Psychiatry and medical psychology, Medical University - Pleven, Pleven, Bulgaria

*Corresponding author.

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Introduction: Schizophrenia is a multifactorial and multifarious disorder with an unidentified etiology and pathogenesis, various clinical symptoms, unpredictable course and definite social significance. It's social significance manifests in the long inability to work, the decrement of qualification and the burdening of family and social services. Patients find following therapy difficult; they often stop it altogether, which leads to new exacerbations and maintaining a vicious cycle.

Objectives: To present an analysis of the results of the treatment of patients with LAIs – Trevicta and Xeplion in General Psychiatry Ward of UMBAL "Dr. Georgi Stranski" - Pleven for the period October 2016 – October 2022.

Methods: Our retrospective research includes 17 patients treated in General Psychiatry Ward of UMBAL "Dr. Georgi Stranski" - Pleven. A treatment with LAI's – Trevicta and Xeplion (Paliperidone palmitate) had been initiated in these patients. In consideration of the correct applications of the medication, they are always made by qualified personnel who received training for that purpose in the Ward. For assessment of the patients' condition are used: Positive and Negative Syndrome Scale (PANSS) and Personal Social Performance (PSP). Standard statistic methods are used for processing results.

Results: Our research includes 17 female patients as the Ward's profile is such, with the average age of 38.65 years at the initiation of the treatment with Xeplion. Some were later introduced to Trevicta. Of all who participated in the research, 12 patients continue their treatment with regular applications, 2 have changed their address and by unreliable data still continue their treatment and for the other 3 we have no information of their status of treatment. The average count of admissions in the Ward before the initiation of treatment with LAI's is 3.88 against 0.88 after the initiation.