Introduction: We present the case of a 34-year-old female patient, 35 weeks pregnant and previously diagnosed with delusional disorder.

Objectives: Somatic personal history: NAMC. intrinsic asthma. Cutaneous psoriasis.

Personal psychiatric history: In psychiatric follow-up since childhood, due to eating problems. Subsequently by adaptive pictures, with anxiety and dysfunctional personality traits intermittently. She resumes contact again in February 2017 presenting frank delusional clinic. Father diagnosed with schizophrenia.

Personal data: 34-year-old woman, married, with a 6-year-old son.

Methods: Current illness: The patient presents active delusional symptoms of about 3 years of evolution, she reports that she knows that there are people in her neighborhood who want to harm her and have guns with which they are constantly shooting to kill her "I hear the shots every day, I have the windows covered with metal plates and I cannot go out with my son, nor to the park, nor to do the shopping". When she began the delusional symptoms, she was prescribed treatment with olanzapine without response, later with paliperidone palmitate, without response, and then with oral aripiprazole and depot 400mg once a month, with partial response. Prior to the current pregnancy, treatment with clozapine was considered, which the patient accepted but did not tolerate and had to be withdrawn.

Results: Evolution: The patient then remains in treatment with depot aripiprazole, with a partial response and less behavioral repercussion of the delusional content, but with a torpid evolution and tending to chronicity. During this course the patient accidentally becomes pregnant again. The doses of benzodiazepines that she was previously taking to control anxiety and sleep were lowered, maintaining treatment with depot aripiprazole, reducing the dose to 300mg monthly. The pregnancy has proceeded normally to date, with close controls by the gynecology service and monthly visits to psychiatry clinics.

Conclusions: Clinical judgment: Persistent delusional disorder.

In this case, the need arises to maintain depot antipsychotic treatment in a patient with a severe mental disorder during pregnancy, given the serious consequences of delusional content on the patient's functioning and thus be able to preserve stability at this level during pregnancy.

Disclosure of Interest: None Declared

EPV0980

Clinical presentation of late-onset psychosis (LOP) and differential diagnosis with dementia: a case report

S. Oller, R. Esteve Vila and M. Pérez Machado*

psychiatry, Hospital Del Mar, BARCELONA, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.2274

Introduction: Late-onset psychosis appears in people over the age of 40. Some preliminary studies show that LOP has fewer severe positive symptoms, more systematic persecutory delusions, more bizarre-type delusions, less affective flattening, and more social withdrawal than early onset psychosis.

There are some studies that consider late-onset and very late-onset psychosis as prodromes of neurodegenerative disease. There are some differences in neuropsychological profiles and specific cognitive function alterations discovered. More evidence, however, is required to make an accurate diagnosis.

Objectives: The objective of this study was to reflect the difficulties in differentiating between late-onset psychosis and dementia by reporting the case of a 77-year-old woman who presented with mystical-religious delusions and hallucinations during her hospitalization.

Methods: We present the case of a 77-year-old woman who was hospitalized because of a stroke. During her stay, she began receiving follow-up from the mental health team because she verbalized some mystical-religious delusional ideas. During the psychiatric interview, the patient verbalized mystical-religious ideas and oscillated between coherent, organized, and disaggregated speech. No problems were detected with orientation, or florid affective symptoms that could point to a delirium or affective disorder. The premorbid personality was extravagant, with interpersonal difficulties and magical thinking. Nonetheless, she had no prior contact with the mental health system or hospitalization. We could approximate the beginning of the symptomatology at around 60 years old, thanks to her relatives. Prior to this age, she maintained good function by working as a chef on a regular basis. She gradually isolated herself due to her lack of mobility. Similarly, she decreases her self-care activities, begins hoarding items around the house, and gradually develops more psychotic symptoms.A brain scan was performed, and no acute pathology was found. A neuropsychological test was not executed due to a lack of collaboration from the patient.

Results: -

Conclusions: This case reflects the complexity of differentiating between dementia and late-onset psychosis. Supplementary testing and follow-up are essential for establishing a diagnosis. Related to that, more research is needed to identify the differential characteristics between the two disorders and the temporal correlation between them.

Disclosure of Interest: None Declared

EPV0981

Late-onset schizophrenia: a differential diagnosis

M. V. López Rodrigo*, M. Palomo Monge, A. Osca Oliver, F. Tascón Guerra and V. Ros Fons

Psiquiatría, Hospital Nuestra Señora del Prado, Talavera de la Reina, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.2275

Introduction: Regarding the diagnosis of schizophrenia, a peak of onset of symptoms is considered at 25 years. The debut after 60 years is considered late onset and is rare, generating controversies in the diagnosis

https://doi.org/10.1192/j.eurpsy.2023.2275 Published online by Cambridge University Press

Objectives: We present the case of a 58-year-old patient with no personal or family history of mental health, who came to the emergency room for the first time, reporting feeling in danger. He comments itching on his skin, verbalizing seeing bugs running through it, relating this phenomenon to "witchcraft by my brothers", he also refers to feeling like "they watch my thoughts and block it through a mobile application, they enter through my eye right and this gives me less vision and a headache. He also refers to having the ability to listen to how his brothers talk about how they are going to "hurt me." Psychopathologically, we highlight that she is oriented in the three spheres, presenting delusional ideation with an experience of harm, a phenomenon of thought theft and auditory and tactile hallucinations.
Methods: Analytical and imaging tests, as well as toxins in urine, were negative.
Results: Diagnosis of psychotic episode is made to see evolution. The clinic partially yields to treatment with atypical antipsychotics. At this time, the patient has no awareness of the disease.
Conclusions: Despite being a diagnosis that is scarcely prevalent, once organic disease has been ruled out.

Disclosure of Interest: None Declared

EPV0982

Contextual processing in patients with schizophrenia

M. Okruashvili[1]*, O.-H. Choung[2], D. Gordillo[2], M. Roinishvili[3], A. Brand[2], M. H. Herzog[2] and E. Chkonia[4]

[1]Tbilisi mental health centre, Tbilisi, Georgia; [2]École Polytechnique Fédérale de Lausanne, Lausanne, Switzerland; [3]Ivane Beritashvili Centre of Experimental Biomedicine and [4]Tbilisi State Medical University, Tbilisi, Georgia
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.2276

Introduction: Patients with schizophrenia have deficits in contextual vision. However, results are often very mixed. In some paradigms, patients do not take the context into account and therefore act more veridically than healthy controls. In other paradigms, context impairs performance in patients more strongly than in healthy controls. These mixed results may be explained by differences in paradigms, as well as by small or biased samples, given the large heterogeneity of the disease.
Objectives: To understand if there are general contextual deficits in schizophrenia.
Methods: 17 schizophrenia patients and 16 age-matched controls were tested with a combined crowding and uncrowding paradigm.
Results: Schizophrenia patients show qualitatively similar crowding performance as controls. In the uncrowding condition, however, patientsimproved less than controls. We suggest that performance in the various paradigms depends on idiosyncratic aspects of the paradigm in addition to the heterogeneity of the disease.
Conclusions: There are no general impaired mechanisms in schizophrenia. Deficits depend strongly on idiosyncrasies of the specific stimuli.

Disclosure of Interest: None Declared

EPV0983

SCHIZOPHENIA: DEFAULT MODE NETWORK CONNECTIVITY AS A FUTURE BIOMARKER

M. A. L. Magalhães* and M. Andrade

Centro Hospitalar Psiquiatrico de Lisboa (CHPL), Lisboa, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.2277

Introduction: The Default Mode Network (DMN) is a brain system with physiological and cognitive properties that make it a major pillar of cortical integration. It has been a subject of increased research on different psychiatric conditions such as schizophrenia. It was hypothesized that alterations in the brain connectivity of the DMN, at the level of its functional connectivity (FC) and structural connectivity (SC), may be at the basis of this pathology. Thus, the DMN has been associated with several clinical variables such as symptom severity, disease prognosis and response to antipsychotic treatment, making this system a potential future tool in the study of these variables for better clinical guidance in patients with schizophrenia.
Objectives: The aim of this study is to review the role of DMN in the pathophysiological mechanisms underlying schizophrenia, as well as its potential role as a future biomarker in detecting patients at high risk of developing a first psychotic episode and predicting therapeutic response to antipsychotics.
Methods: Systematic review of the literature published on Pubmed using the terms: "Default Mode Network", "Schizophrenia", "First Psychotic Episode" and "Antipsychotics".
Results: A myriad of studies revealed the presence of dysfunctional DMN brain activity in patients with schizophrenia. However, increased FC of the DMN is the predominant outcome reported by literature in patients with and without chronic exposure to antipsychotic therapy, at high risk of developing psychosis and on both early and advanced disease stages, suggesting that the DMN may have a meritorious role on the pathophysiology of schizophrenia. Some studies have found SC changes associated with altered FC on patients at early stages of the disease without exposure to prolonged antipsychotic therapy. Regarding the relationship between DMN and antipsychotic therapy, studies suggested that DMN is shaped by antipsychotic therapy by regulating FC activity.
Conclusions: This work helped us to understand the importance of the future study of the connectivity of the DMN in a longitudinal perspective of the course of schizophrenia in order to potentiate the creation of brain signatures that might translate the alterations of the connectivity of the DMN in early stages of the disease, which in turn could work as potential future biomarkers for the detection of patients at high risk of developing a first psychotic episode but also work on predicting the therapeutic response to antipsychotics, allowing us to direct our clinical orientation towards a better prognosis of the disease.

Disclosure of Interest: None Declared

https://doi.org/10.1192/j.eurpsy.2023.2275 Published online by Cambridge University Press