



affected areas were immediate verbal learning (I-VL), delayed verbal learning (D-VL), processing speed (PS), and total score (TS). Significant differences were also observed in the cognitive profile of patients suffering FEP depending on their use of cannabis. FEP-Cannabis+) showed lower scores in PS, I-VL and TS.

Conclusions: Although several prognostic factors have been identified in FEP, to date there are no reliable markers for predicting the possible evolution of high-risk mental states to a FEP. More investigations are necessary in order to elucidate the role of cannabis in the cognitive impairment.

Disclosure: No significant relationships.

Keywords: cannabis users; cognitive impairment in first-episode psychosis; psychosis; first-episode psychosis

EPV0649

Neuroleptic malignant syndrome associated with second-generation antipsychotics (SGA): An analysis of reported cases in eudravigilance database, 2017-2020

A. Torres^{1,2,3,*}, A. Mignano^{3,4}, I. Viseu³, L. Rodrigues³, T. Herdeiro⁵, L. Silva³ and V. Afreixo³

¹Nursing, Portuguese Red Cross Northern Health School, Oliveira de Azeméis, Portugal; ²Department Of Education And Psychology Of University Of Aveiro, CINTESIS - UA – Center for Health Technology

and Services Research, Portugal (R&D Unit ref. UIDB/4255/2020), Aveiro, Portugal; ³Department Of Mathematics, University of Aveiro, Aveiro, Portugal; ⁴Department Of Biology, University of Federico II, Napoli, Italy and ⁵Department Of Medical Sciences, University of Aveiro, Aveiro, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.2151

Introduction: Antipsychotic drugs are the cornerstone of the pharmacological treatment of psychotic disorders; however, even with Second-generation antipsychotics (SGA), adverse effects continue to be extremely accentuated and the treatment effectiveness is compromised by low adherence of the patient.

Objectives: Taking into consideration the importance of adverse effects for psychotic therapeutics, this study aims to analyze the adverse effect of the Neuroleptic Malignant Syndrome (NMS) reported in EudraVigilance Database, associated with 3 widely used SGA, Risperidone, Quetiapine, and Clozapine.

Methods: The EudraVigilance Database was analyzed from 09/01/2017 to 31/10/2020 about NMS, associated with Risperidone, Quetiapine, and Clozapine. NMS is the second most reported adverse effect inside the Nervous System Disorders SOC (System Organ Class). There were just considered NMS as suspected adverse effect.

Results: It was observed a general tendency of reduction of NMS reports from 2017 to 2020 (most of them performed by healthcare professionals). Risperidone presented the highest level of reports during this period (more than 350), followed by Quetiapine and Clozapine. The NMS reports were predominantly referred to the male sex, from 18 to 64 years old. Risperidone presented the lowest number of fatal cases of NMS (1), in contrast with 3 reported with Quetiapine and Clozapine. A significant number of patients with Schizophrenia recovered from NMS.

Conclusions: It is important to do clinical monitoring of the NMS, because it is rare, although it has life-threatening consequences. Pharmacovigilance databases are important tools to evaluate the safety of drugs and it must be more widely and efficiently promoted for healthcare and patients use.

Disclosure: No significant relationships.

Keywords: second-generation antipsychotics (SGA); EudraVigilance; neuroleptic malignant syndrome; Psychotic disorders

EPV0650

Reviewing the complex link between epilepsy and psychosis. A case report

P. Albarracín^{1*}, M. Jiménez Cabañas¹, E. Herrero², R. Galeron¹, M. Huete Naval¹ and A. Garcia Recio¹

¹Psychiatry And Mental Health, Hospital Clínico San Carlos, Madrid, Spain and ²Psychiatry And Mental Health, Hospital Clinico San Carlos, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.2152

Introduction: We present the case of a 56 year old woman with a diagnose of Complex Partial Seizures since her teenage years, with a history of multiple hospitalizations in the psychiatric ward of our hospital and a challenging clinical evolution.

Objectives: To review the different kinds of psychotic disorders that may arise in relation to epilepsy.

Methods: Literature review of scientific papers and classic textbooks on the issue, including references in both Spanish and English languages.

Results: From 2008 to 2011 our patient was hospitalized with episodes of different clinical features leading to different diagnoses (in 2008 the episode was compatible with a manic phase and led to a diagnosis of possible Bipolar Disorder, in 2010 dissociative-like symptoms became more prominent and led to a diagnose of Dissociative Identity Disorder and in 2011 the symptoms pointed to an interictal depression), and a subsequent symptomatology that made clinicians consider a diagnose of unspecified schizophrenia. From 2015 to 2020 our patient suffered multiple decompensations resulting in up to six new hospitalizations, with psychotic symptoms in the shape of auditive hallucinations being consistent and affective symptoms varying widely. This evolution suggests a plausible diagnose of interictal chronic psychosis with bipolar-like affective episodes.

Conclusions: An extensive review of the available scientific literature shows, as so does this case, that along the course of an epileptic disease both schizophrenia-like psychosis and affective psychosis may arise, and that those might be divided along the categories of peri ictal and inter ictal disorders.

Disclosure: No significant relationships.

Keywords: psychosis; epilepsy; schizophrenia; bipolar

EPV0652

Investigation of early signs of peripheral artery disease in patients with schizophrenia using toe-brachial index

L. Jørgensen^{1,2*}, C. Tranekær Hostrup^{1,2}, S. Eggert Jensen^{2,3} and R. Ernst Nielsen^{1,2}

¹Psychiatry, Aalborg University Hospital, Aalborg, Denmark;

²Department Of Clinical Medicine, Aalborg University, Aalborg, Denmark and ³Cardiology, Aalborg University Hospital, Aalborg, Denmark

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.2153

Introduction: Patients with schizophrenia have a reduced life expectancy compared to the general population, and cardiovascular diseases contribute to this. Peripheral arterial disease (PAD) is associated with excess all-cause mortality and specifically with cardiovascular morbidity and mortality. The risk factors for PAD, such as diabetes, smoking, hypertension, dyslipidaemia and obesity, are more common among patients with schizophrenia which could contribute to a possibly higher prevalence of PAD among patients with schizophrenia.

Objectives: To investigate PAD utilizing toe brachial index (TBI) in a population of patients diagnosed with schizophrenia with the purpose of establishing prevalence rates amongst newly diagnosed as well as more chronic patients.

Methods: A cross-sectional study of patients with schizophrenia (ICD10-diagnosis F20 or F25) with a study population of 57 patients diagnosed with schizophrenia within the last 2 years, psychiatric healthy controls matched by age, sex and smoking status and 142 patients with a schizophrenia diagnosis more than 10 years ago. The primary outcome is TBI in patients with

schizophrenia stratified to the two subpopulations. The TBI will be calculated from the arm and toe systolic pressures. The toe pressures were measured using photoplethysmography (SysToe®, Atys Medical).

Results: No results are available yet. The cohort will be described by age, sex, smoking status, body fat percentage and physical comorbidities. The TBI of the two subpopulations will be compared with psychiatrically healthy controls using paired t-tests if data is normally distributed. If transformation is unsuitable, Wilcoxon test will be carried out instead.

Conclusions: No results are available yet. Results will be presented at the EPA's congress 2021.

Disclosure: No significant relationships.

Keywords: toe-brachial index; Mortality; atherosclerosis; Cardiology

EPV0652a

Historical path of paraphrenia

A. Hernández Mata*, A. Sotillos Gómez, P. Marco Coscujuela and B. Ordóñez Méndez

Psychiatry, Hospital Universitario de Getafe, Getafe, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.2154

Introduction: Paraphrenia is a psychotic disorder characterized by an insidious development of a vivid and exuberant delusional system, accompanied by hallucinations and confabulations, without a personality deterioration. It is considered to be an intermediate entity between the disorganization of schizophrenia and the systematization of a delusional disorder.

Objectives: Develop knowledge about paraphrenia as an individualized diagnostic entity and its historical path through the classical authors' texts.

Methods: Extensive research on the historical path of the paraphrenia diagnostic entity was carried out, as well as the current situation of the term.

Results: In the German psychiatry it was Karl Kahlbaum who first introduced the term of paraphrenia. Later many authors of the German psychiatry delved into this diagnostic entity. Emil Kraepelin described four different subtypes of paraphrenia: paraphrenia systematica, expansiva, confabulans and phantastica. However, other authors such as Kleist or Bleuler, considered paraphrenia should not be judge as an individualized diagnostic entity as it should be considered inside schizophrenia, so the term disappeared in the German psychiatry. In the French psychiatry, unlike the German, the independence of chronic psychosis from schizophrenias was recognized, so the term had a longer path. Henry Ey recognized four important clinical features in this disorder: paralogical thought dominance, megalomania, confabulation and integrity of relation with reality.

Conclusions: Currently the term paraphrenia is no longer considered an individualized diagnostic entity. In fact, in today's textbooks of psychiatry paraphrenia is considered a psychotic disorder that has nothing in common with the one described by the classical authors, and it is part of the late-onset psychosis.

Disclosure: No significant relationships.

Keyword: Paraphrenia