

EV1331

Antipsychotics in chronic schizoaffective disorder: A naturalistic study

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In spite of the beneficial effects of antipsychotics (AP) on the course of schizoaffective disorder (SAD) in general, there is an evidence for some negative aspects of their application. The objective of the study was to investigate the clinical manifestations and the course of resistant SAD while treated by the different AP. At present, the research includes 63 patients with SAD and duration of psychotic and/or affective symptoms more than six months. The research was naturalistic follow-up. The first group of patients ($n=18$) were treated with SGA. An average duration of hospitalization was 61.2 days. After a reduction of acute psychotic condition, subthreshold psychotic and anxiety symptoms were still remaining. The total PANSS score was 71 ± 8 . The second group ($n=24$) was treated with a combination of FGA and SGA. An average duration of hospitalization was 53.8 days, the total PANSS score was 79 ± 6 . It has been prevailed subthreshold bipolar symptoms. The third group of patients ($n=21$) were treated with FGA. An average duration of hospitalization was 45.5 days; the total PANSS score was 63 ± 10 . The negative symptoms and subthreshold depressions have been prevailed among the patients.

To conclude, the treatment of SAD by the SGA and combination of SGA and FGA are more likely associated with persistence of subthreshold psychotic and/or bipolar disorder and the longer duration of hospitalizations. On the other hand, application of FGA in SAD is more likely associated with negative symptoms and depressions after a reduction of acute psychotic condition.

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The emergence of psychosis in a patient with severe hypothyroidism: A case report and literature review

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Hypothyroidism is associated with changes in mental state that can range from mild cognitive impairment to depression to florid myxedema coma. A few cases have linked the occurrence of psychotic symptoms in the context of severe hypothyroidism, an event referred in the literature as "myxedema madness". We describe the case of a 48-year-old male with no past psychiatric history and a past medical history of hypertension and hypothyroidism who presented to the psychiatric unit for management of new-onset psychosis, particularly paranoid delusions. On basic medical screening, the patient was found to have severe hypothyroidism manifested by a TSH level of 51.85 and a free T4 level less than 0.4. The patient was treated with both an antipsychotic and thyroid hormone replacement, after which his hypothyroid symptoms and his psychosis improved. Liothyronine was also prescribed to speed up the recovery course, as his delusions were thought to be due to his hypothyroidism. The aim of this poster is to shed light on the possibility of development of psychosis concomitantly with severe hypothyroidism, given the rarity of such events, as well as to illustrate the importance of treating the underlying medical cause rather than only focusing on the treatment of the psychiatric symptoms. The use of Liothyronine proved to be beneficial in this case, as the patient's symptoms drastically improved after its adminis-

tration. This could potentially illustrate the importance of using Liothyronine particularly in the treatment of delusional disorder in severe hypothyroidism.

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Adjunctive minocycline in clozapine and amisulpride treated schizophrenia patients with persistent symptoms

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Objective Clozapine and amisulpride are two effective antipsychotic and their combination often is used for treatment refractory people with schizophrenia, yet many patients partially respond. Clinical data and the recent literature suggest benefits with minocycline. In our study we adjunct minocycline in five schizophrenic patients and we observed them for a period of 6 months.

Methods Our patients received adjunct minocycline (100 mg oral capsule twice daily).

Results Using the PANSS, we identified a statistically significant ($P<0.05$) clinical improvement from the fourth week of treatment for positive mainly, and less for negative symptoms in all our patients. Global cognitive function did not differ, although there was a significant improvement in working memory favoring minocycline. Moreover there was a marked reduction of anxiety and depressive symptoms.

Minocycline was well tolerated and no patient presented side effects.

Conclusion Minocycline seems to help significantly schizophrenic patients who do not respond fully to their medication consisted of clozapine and amisulpride. Larger studies are needed to validate these findings.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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Major psychotrauma and social stress–risk factors for the unfavorable course of paranoid schizophrenia

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Introduction Recent studies in the neurobiology of schizophrenia highlighted the role of neuropsychoenocrine activations as a consequence of psychostress followed by the activation of the HPA axis with an excess of endogenous cortisol. The relation endogenous cortisol–glutamatergic hyperactivation enhances the excitotoxic mechanisms and the cortical-subcortical alterations in schizophrenia.

Method We conducted a retrospective study on 40 patients, with ages between 25 and 55 years, admitted in the university clinic of Craiova between January 1, 2015 and December 31, 2015 for paranoid schizophrenia according to ICD-10 criteria and with positive history of psychotrauma and physical abuse in childhood and adolescence.