

EPV0956

A phenomenological approach to the affective core of Delusional Disorder.

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Introduction: According to current diagnostic systems, affective symptoms do not represent a fundamental criterion for the diagnosis of DD. However, numerous studies have highlighted frequent comorbidity between DD and Mood Disorders and have elucidated the importance of the affective state in the development and persistence of delusions. Thus, some factor analysis studies have identified the existence of a depressive dimension in DD, suggesting a substantial psychopathological heterogeneity in DD. However, these important affective features have not evaluated from a phenomenological point of view and in their relationship with delusions.

Objectives: The aim of the present study is to investigate the relationship between personality, trait affectivity and severity of delusions in patients with Delusional Disorder (DD).

Methods: Thirty-two outpatients affected by DD were administered the Structured Interview for DSM-IV-TR Personality Disorders (SIDP-IV), the Pathological Narcissism Inventory (NPI), the Positive and Negative Affect Schedule (PANAS) and the Psychotic Symptom Rating Scale (PSYRATS). Next, we analysed the prevalence of personality disorder in our sample of patients with DD and studied the correlations between the severity of delusions and the different affective variables. Finally, we obtained a multivariate explanatory model of the severity of the delusions.

Results: The severity of delusions was directly associated with "Grandiose Fantasy" item of narcissistic personality and inversely related with the feelings of shame, fear and guilt. In the multivariate model, the feeling of shame was the only independent variable capable of accounting for the severity of the delusions, that, in DD patients, would lie on an affective core of shame.

Table 2. Pearson correlation coefficient

VARIABLES	DRS total score
GRANDIOSE FANTASY	p = 0.045
SHAME	p = 0.048
GUILT	p = 0.016
AGITATION	p = 0.049
FEAR	p = 0.041

Table 3. Standardized coefficients in linear standard regression (DRS)

	DRS: total score R ²	β	t	p
Step 1	0.157	-	-	-
GRANDIOSE FANTASY	-	0.396	1.89	0.048
Step 2	0.460	-	-	-
GRANDIOSE FANTASY	-	0.291	1.65	0.116
SHAME	-	-0.560	-3.17	0.005

Conclusions: The severity of delusional beliefs in DD patients would lie on an affective core of shame upon predisposing personality traits. These findings could help to develop a psychotherapeutic approach for delusional patients focused in the feeling of shame.

Disclosure of Interest: None Declared

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Daytime/nighttime levels of serum IL-33 in schizophrenia at hospital admission and before discharge

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Introduction: It has been reported an inflammatory state in schizophrenia, with altered levels of some cytokines (Zhou et al. Cytokine 2021; 141:155441). Recent publications have shown the importance of IL-33, a member of the IL-1 cytokine family which acts as an alarmin (Han et al. Neurosci Bull 2011; 27, 351-357). The role of this cytokine as a biomarker has been investigated in schizophrenia (Koricanic et al. Front Psychiatry 2022; 13, 925757). However, results are controversial. Some studies have not found significant associations between IL-33 and chronic schizophrenia (Campos-Carli et al. Compr Psychiatry 2017; 74 96-101), while other papers have reported increased levels (Kozłowska et al. J Psychiatr Res. 2021; 138 380-387). In all these studies, levels of IL-33 were measured in a single daily measure, so that it has not been studied if IL-33 has changes during hospitalization.

Objectives: To study the serum level of IL-33 at 12:00 and 00:00 hours in schizophrenia patients at admission and before hospital discharge.

Methods: Fifteen inpatients with diagnosis of paranoid schizophrenia according to ICD-10 criteria were studied. Patients were hospitalized at the University Hospital of the Canary Islands psychiatric ward because of an acute relapse. A total of four blood samples were taken from each patient: at 12:00 and 00:00 hours the day after admission and at 12:00 and 00:00 hours the day before discharge. Serum IL-33 levels were measured by ELISA techniques. Daytime and nighttime IL-33 serum levels at admission and discharge were compared using a non-parametric Wilcoxon signed-rank test.

Results: In table 1 the results of the comparison of IL-33 at admission and discharge are presented. There is a significant reduction of IL-33 levels at 00:00 h. at discharge in comparison with the IL-33 levels at 00:00 h. at admission (p=0.028). No other statistically significant differences were observed.

Serum IL-33	Admission Mean±sd	Discharge Mean±sd	Z	P value
12:00 h.	191.0±348.7	247.0±378.2	-0.166	0.868
00:00 h.	218.8±370.3	153.6±275.7	-2.203	0.028

Conclusions: The decrease of serum IL-33 at 00:00 at discharge compared to the 00:00 IL-33 serum level at admission points to the utility of this biomarker as a surrogate of brain inflammation.

Disclosure of Interest: None Declared

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Differential diagnosis of late onset psychotic symptoms. A case report.

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Introduction: We present the case of a sixty-seven-year-old woman who is examined for the first time in the emergency room because of a nine-month clinical picture that involves psychotic symptoms. The patient exhibits persecutory delusions that started after she shared some private information on social media. These symptoms also entail emotional distress and behavioral disturbances. She has never experienced hallucinations, but she does present delusional interpretations of the environment. Her clinical history reveals abnormalities of premorbid personality, including paranoid and immature features.

Objectives: (1) We will be carrying out a differential diagnosis of late onset psychotic symptoms. We will as well be exploring the concept of Paraphrenia and analyzing its differential features in order to establish the most suitable diagnosis for the case.

(2) The relationship between abnormalities in premorbid personality and psychotic symptoms will be covered, reviewing the available literature on this matter, and relating it to the patient's symptomatology.

Methods: A review of the patient's clinical history will be carried out, considering her biography, the testimony of her family and the complementary tests performed during the hospitalization period. A bibliographic review of the available scientific literature will also be developed involving disorders that could explain psychotic symptoms in the elderly, as well as the term Paraphrenia, which describes specific features in a psychotic episode but is not included in the diagnostic manuals.

Results: (1) The symptomatology that our patient exhibits may be considered atypical given the late stage of its onset and its specific features.

(2) The case could be explained under the category of Delusional Disorder. From a psychopathological point of view, it could also fit under the diagnosis of Paraphrenia as described by Ravindran et al.

(3) Pathological personality traits were assessed in premorbid personality which included paranoid and immature features.

Conclusions: It could be useful to review the concept of the "paranoid spectrum" as proposed by some authors regarding some

patient's psychotic symptoms that don't exactly fit any of the nowadays diagnostic categories. "Paraphrenia" could be understood as a distinct clinical entity for patients who show psychotic disorders but keep affective warmth and lack though deterioration and grossly disorganized behavior.

Most patients with late life paranoid psychoses have abnormal premorbid personalities, most usually of schizoid or paranoid type. There's a decent amount of consensus in viewing the premorbid personality as having been abnormal as an early marker of impending psychosis.

Reformulating the way we approach diagnosis of psychotic symptoms of late onset could help us identify vulnerable patients on a premorbid stage and better classify and understand atypical entities.

Disclosure of Interest: None Declared

EPV0959

Ekbom Syndrome - A Case Report

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Introduction: Ekbom Syndrome is a rare condition presenting as a uni-thematic delusional belief of parasitosis. Affected individuals are often socially isolated presenile females. The syndrome is characterised by kinaesthetic hallucinations of insect infestation with persistent pruritis. First described by Karl Ekbom in 1938, presentations are rare, often presenting initially to primary care and dermatological services. We report a case of an older adult female referred to Community Mental Health Team following multiple presentations to the primary care physician with subsequent diagnosis of Ekbom Syndrome.

Objectives: To illustrate a rare case report of Ekbom Syndrome, managed successfully in the community in Ireland.

Methods: A retrospective case study. Data was reviewed from available psychiatric and medical records including laboratory testing.

Results: A 69 year old Catholic Nun was referred to the CMHT for psychiatric assessment. The patient presented to the CMHT appointment as distressed. She reported a 15 year history with significant deterioration 4 months prior, of progressive symptoms of a 'crawling and biting sensation' all over her body, alongside intermittent anxiety related to the infestation. The patient acknowledged that she had visited her primary care physician on multiple occasions seeking resolution. On one occasion the patient brought a sample of the alleged parasites inside a small container, 'matchbox sign'.

A professional pest control agency had recently been employed to decontaminate her bedroom in the parish house of which she is resident in. She described a rigid routined, daily washing of clothes. Medical history was significant for pituitary gland adenoma 30years prior, with pituitary excision twice secondary to visual disturbance and reoccurrence. She was on lifelong thyroid replacement with acceptable postoperative functioning.

The patient was commenced on Aripiprazole oral medication and received psychoeducation via Specialist Mental Health Nursing