

## EPP1172

**The relationship between combined antipsychotic use and clinical features in schizophrenia spectrum patients treated in inpatient ward: A retrospective study**

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**Introduction:** The combination of antipsychotics can be seen in up to 70% due to the presence of resistance to treatment, aggression, sleep disorders, and self destructive behavior in psychosis spectrum disorders in clinical practice. More side effects were observed in patients using antipsychotic combinations.

**Objectives:** The aim of this study is retrospectively investigate the sociodemographic and clinical characteristics differences between antipsychotic combination and monotherapy groups

**Methods:** The files of 754 cases admitted to the hospital from the first day of January 2013 to the last day of December 2016 were reached. Patients diagnosed as according to DSM-5 "Schizophrenia Spectrum and Other Psychotic Disorders" were included. From the files of these cases, sociodemographic characteristics, disease characteristics and antipsychotic properties (clozapine use, combined antipsychotic and depot antipsychotic use) were used. Pearson chi-square test and student t test were used in data analysis

**Results:** Age was significantly lower in patients treated with combined antipsychotics than patients receiving monotherapy ( $t = 2,264, p = 0.026$ ). Age of onset of psychosis was significantly lower in patients treated with combined antipsychotics ( $t = 2,771, p = 0.007$ ). Education level was also found to be lower in this group ( $t = 2,333, p = 0.02$ ). The duration of hospitalization was longer in patients treated with combined antipsychotics ( $t = 3,069, p = 0.002$ ).

**Conclusions:** There were statistically significant differences between the patients treated with combined antipsychotics compared to the group treated with monotherapy. These are the differences in the age of onset of psychosis, education level and duration of hospitalization.

**Keywords:** psychosis; antipsychotic; clozapine; combined antipsychotic

## EPP1171

**Case series of delusional parasitosis in an emergency department: Sociodemographic features and clinical outcomes**A. Guàrdia<sup>1\*</sup>, A. González-Rodríguez<sup>1</sup>, M. Betriu<sup>1</sup>, F. Estrada<sup>2</sup>, M. V. Seeman<sup>3</sup>, I. Parra Uribe<sup>1</sup>, J. Labad<sup>4</sup> and D. Palao Vidal<sup>5</sup>

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**Introduction:** A delusion of parasitosis is defined as the fixed, false belief of infestation by invisible organisms or fibrous material of unknown origin. The differential diagnosis is true infection, substance use disorder, dementia or other neuropsychiatric disease.

**Objectives:** Our goal was to characterize delusions of parasitosis, classically named Ekbom syndrome, among individuals attending our emergency department (ED).

**Methods:** Over a four-year period (2017-2020), we carried out a retrospective case-register study of patients with DSM-5 Ekbom syndrome attending an ED that provides mental health services to an area of nearly 450.000 inhabitants in Sabadell (Barcelona, Spain).

**Results:** There were 13 eligible patients: 7 were diagnosed for the first time and 6 had multiple episodes. Female-to-male ratio was 1.6:1; average age was 56.9. The most common diagnosis was delusional disorder ( $n=5;8.5%$ ), followed by schizophrenia ( $n=3;23.1%$ ) and organic disorders ( $n=2;15.4%$ ). Origin: Africa ( $n=5;38.5%$ ), South-America ( $n=4;30.8%$ ) and Spain ( $n=4;30.8%$ ). Fifty percent showed poor treatment compliance. Antipsychotics used: risperidone ( $n=8;61.54%$ ), olanzapine ( $n=4;30.8%$ ). Five patients received antidepressants. Most patients had previously been seen by other medical specialties (internal medicine, dermatology and hematology). "Match box sign": 7 patients (53.8%). Cerebral atrophy was present on brain scan in 4 patients. After discharge: acute psychiatric unit ( $n=7$ ), outpatient appointments ( $n=4$ ), day hospital ( $n=1$ ) and 1 to a psychogeriatric unit.

**Conclusions:** Delusions of parasitosis are rare in our emergency department. The typical patient is a postmenopausal woman, a visitor or immigrant to Spain. Effective treatment requires a focus on cultural, gender, and age aspects, with close cooperation between psychiatry and other relevant specialties.

**Keywords:** Delusional parasitosis; Emergency department; Delusional disorder; Ekbom syndrome

## EPP1172

**Historical path of paraphrenia**

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**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.

**Keyword:** Paraphrenia

### EPP1174

#### Cognitive impairment in treatment-refractory schizophrenia and type i diabetes. A case.

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**Introduction:** Even when sharing etiologic factors, the incidence of DM-1 is low in patients with schizophrenia. Both diseases can lead to cognitive impairment, but its difficult to define its origin. 33 years old male, with DM-1 and schizophrenia referred to Therapeutic Community for psychotic symptomatology control, cannabis consumption withdrawal, improvement of self-care and hipoglycemia control reach

**Objectives:** Nowadays toxic abstinent and adequate consciousness of disorder. Remarkable persistence of hallucinations both auditive and visual, mostly shown as delirium, pharmacologic treatment-refractory. During last months, he shows excessive absent-mindedness, recent memory failure and verbal declarative memory and psychomotor slowdown Analysis: unbalance glycosylated hemoglobin. MR: cortical-subcortical atrophy, very shocking his age. Endocrinology follow up it was decided to establish an insulin pump, so metrics were regulated.

**Methods:** Neurological profile of the patient (deficit and slowdown attention capability) aggravation of symptoms according to glycaemia and disturbances in image test could lead to vascular origin. Attention deficit and excessive focus are symptoms of schizophrenia, but they are shown in the beginning, they tend to stabilize during years. Verbal declarative memory disruptions can be produced in both disorders

**Results:** Better glycemic control and changed to Lurasidone 37mg and Cariprazine 3mg objecting higher reactivity and less absent-mindedness

**Conclusions:** Cognitive impairment in DM is frequent in adults with severe and long evolving hypoglycemic episodes Regardless of its origin, the cognitive impairment in schizophrenia leads to serious impact in functional and pragmatic areas Further investigation will allow us to quantify the magnitude of cognitive effect in metabolic control so according strategies could be developed

**Keywords:** Diabetes mellitus; cognitive impairment; schizophrenia

### EPP1175

#### Electroconvulsive therapy combined with clozapine in the management of ultra-resistant schizophrenia

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**Introduction:** Although clozapine is the gold standard for treating patients with resistant schizophrenia, clinical symptoms persist in approximately 40-70% of the cases even after a year of treatment with clozapine. Electroconvulsive therapy (ECT) has been tried as augmentation therapy in the management of ultra-resistant schizophrenia.

**Objectives:** To review recent studies concerning the effectiveness of ECT associated with clozapine in the management of ultra-resistant schizophrenia.

**Methods:** This is a review of the literature via Medline and Sciences direct. The database was searched using the keyword combination "clozapine" with "ECT", "resistant schizophrenia" with "ECT and clozapine" and "clozapine resistant schizophrenia" with "ECT" from 2010 to 2020.

**Results:** We found 4 reviews and meta-analyzes and 6 studies. According to the majority of recent reviews and meta-analyses studied, patients who were resistant to clozapine responded to the combination of clozapine and ECT in 54% of the cases. ECT by increasing the permeability of the blood-brain barrier facilitates the brain transmission of large molecules such as clozapine, thus promoting better efficacy of clozapine. The combination of ECT with clozapine was generally well tolerated in the majority of patients. The most frequently reported adverse reactions in the literature were memory impairment and headache. These effects did not appear to be chronic or persistent, but rather transient and mild. Other rare cases such as prolonged seizures, tachycardia, and confusion have been reported.

**Conclusions:** ECT associated with clozapine is an effective, relatively safe and tolerable treatment in the majority of cases.

**Keywords:** schizophrenia; Clozapine; Electroconvulsive therapy; psychiatry

### EPP1176

#### A network analysis of executive deficits in patients with psychosis and their healthy siblings

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**Introduction:** Psychopathological symptoms and cognitive impairment are core features of patients with psychotic disorders. Executive dysfunctions are within the most commonly observed deficits and the Wisconsin Card Sorting Test (WCST) is the test most extensively used for their assessment. Yet, the structure of