adulthood. Early psychotic episodes (PEP) are a particularly vulnerable group compared to later phases of psychosis psychosis.
Objectives: Analyze risk factors for suicide attempts and NSA, in order to improve early detection and prevention of suicides in adolescents and young adults with PD
Methods: Review in the literature of the different risk factors associated with parasuicidal behaviors in early psychosis
Results:

- Presence of positive psychotic symptoms: auditory hallucinations, Delusional ideation.
- Social isolation
- Longer duration of untreated psychosis.
- Comorbid symptoms: irritability, depression, anxiety, psychotic distress, insomnia.
- Traumatic events in childhood
- Difficulty in regulating emotional, impulsivity and sensitivity to reward.
- Consumption of substances.
- Psychosocial stress.

Conclusions: We consider essential the inclusion of early intervention programs aimed at the prevention of suicide and NSA, evaluating all risk factors for suicide and NSA among individuals with a PEP and high-risk mental states.
Initial assessment and ongoing assessments of suicide risk and parasuicidal behaviors, positive psychotic symptoms, depression, and the other related risk factors mentioned are required. Integrating trauma management into PEP care is critical.
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Disclosure of Interest: None Declared

EPV0928

Early-onset schizophrenia: an adolescent case report

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Introduction: This is the case of a girl, aged 13, starting on 2021 with a first psychotic episode. Before this episode, her psychiatric history was an adjustment disorder because of scholar bullying, fully recovered before the onset of the current symptoms.
Objectives: To describe an interesting case of early-onset psychosis.
Methods: We have used the interviews with the patient and her profile in Diraya (the medical database software in Andalucía).
Results: The first symptoms started 6 months before the first hospitalization, and consisted in mild behavioural disorders, with disobedience and rudenesses, which represented a significant change compared with the previous personality of the patient. 3 weeks before the first admission she abruptly started to experience disconnection, unmotivated laughs, decreaded academic performance and incoherent speech. Also, she showed motor symptoms, consisting in oral and right-hand stereotypies. Then, she was hospitalized in a Pediatric unit, in order to rule out organicity. The nuclear magnetic resonance showed an image suggestive of venous development anomaly, with no acute injuries. Her cerebral spinal fluid was widely studied, and all the results were negative, including: the technique of PCR for many virus and bacteria that can cause meningitis or encephalitis; a bacterial culture; a biochemical study; antineuronal antibodies; and a limbic encephalitis antibodies study. Besides, the blood count, the biochemistry, the gasometry and serology were also negative. No drugs were detected in the urinalysis. Once the organicity was ruled out, she was treated with Olanzapine and Diazepam, and destinated to my child and adolescent psychiatry unit. During the first hospitalization we observed that she looked very often to the mirror, showed soliloquies and took leaps. During the interviews she was desinhibited. She initiated a delusional speech, focused in sexual topics. She said that she's had a baby in the future with his father, and talked a lot about things she had already made in the future. During this admission, we changed the treatment to Quetiapine and Valproate. The second hospitalization was was done due to a lack of efficacy with the previous treatment and the presence of autolytic thoughts. We switched from Quetiapine to Aripiprazole. After a few days, she showed again a desinhibited behaviour, and kept the delusional speech, that now was more complex, refering that she had more than 20 babies, with many different men. After this we tried Lurasidone and suspended Aripiprazole, she showed a clinical improvement, at the cost of many side effects, though. So we finally changed to Clozapine, in combination with Gabapentin. Since she got clinical levels of clozapine, the delusions have been encapsulated.
Conclusions: The differential diagnosis is set with an early-onset schizophrenia and a schizoaffective disorder. Obviously, the evolution of the sypmptoms in the following months and years will have the last word.

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EPV0929

Extrapyramidal syndrome in psychotic depression: a case report.

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Introduction: Psychotic depression is a subtype of major depression, with worst prognosis but underdiagnosed and undertreated. We introduce the case of a 75-year-old patient who is attended in the hospital presenting sorrow and behavioral disturbances. He also had delusions of ruin and surveillance through his phone, adding amnesia, dizziness, constipation, tremor and bradykinesia. He had suffered a limited depressive episode regarding his wife's death.

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Objectives: To highlight the importance of a correct differential diagnosis in psychotic depression to prescribe an adequate treatment that provides a better outcome for the patient.
Methods: A narrative search of the available literature on the subject through the presentation of a case.
Results: The presumptive diagnosis is Parkinson vs psychotic depression. After some weeks of treatment with venlafaxine and olanzapine, the absence of improvement and fluctuating symptoms orientates towards Parkinson. This is later excluded due to a normal DATSCAN. Therefore, the diagnosis of psychotic depression is made, explaining parkinsonism as secondary to psychotropics. Olanzapine and venlafaxine are retired, introducing clozapine because of its lower incidence of extrapyramidal symptoms. After two weeks, the symptoms disappear, recovering the patient his basal functionality.
Conclusions: Depression with psychotic symptoms can take several weeks to respond to treatment, requiring a proper organic screening. In our case, the slow response to treatment made the organic etiology as one of the main differential diagnoses, specifically Parkinson disease. It ruled out because of the absence of findings in the DATSCAN and the resolution of the extrapyramidal symptoms with the change of treatment.

Disclosure of Interest: None Declared

EPV0930

Effectiveness and quality of life improvement in young adult schizophrenia patients treated with Abilify Maintena

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Introduction: Treating young patients with schizophrenia is a challenge, as these patients have much to gain from controlled pharmacotherapy and even more to lose with a possible relapse. Treating patients with long-acting injectable antipsychotics avoids the issue of non-compliance, the biggest risk factor for relapse, while also improving the quality of life. Receiving a drug once-a-month can provide greater flexibility and convenience to our patients.
Objectives: Aim of the paper is to assess the efficacy and quality of life in monthly dosing of long-acting injectable antipsychotic in young adult schizophrenia patients.
Methods: The research included 7 patients aged 19 to 25 years who were diagnosed in accordance with the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. Patients were assessed eight times over two years using the following clinical scales: Positive and Negative Syndrome Scale, Clinical Global Impression – Severity and Improvement Scale, Treatment Satisfaction Questionnaire for Medication (TSQM-9) and Quality of Life Scale (QOLS).
Results: All treated patients achieved remission. There was a statistically significant improvement in measured scales in all patients. There were no side-effects reported during the study period, with no relapse or new hospitalizations
Conclusions: The monthly formulation of aripiprazole has proven to be effective and safe in our study and has great potential to improve patient quality of life as well.

Disclosure of Interest: None Declared

EPV0931

Schizophrenia and myasthenia gravis: a case report

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Introduction: Despite a variety of pharmacological and psychotherapeutic interventions, treatment of schizophrenia can still be challenging, even more when certain comorbidities are present. Myasthenia gravis (MG) is an autoimmune disorder of the neuromuscular junctions caused by antibodies against acetylcholine and tyrosine kinase. While co-occurrence of schizophrenia and MG is rare, treatment can be complicated as specific treatment of one condition can lead to worsening of other (e.g. anticholinergic side effects of psychopharmacotherapy, psychiatric side effects of corticosteroids).
Objectives: To discuss treatment difficulties in the case of a patient with schizophrenia and multiple somatic comorbidities, including MG.
Methods: A case report and a review of literature.
Results: We report a case of a 50-year-old female patient who was admitted to psychiatric hospital due to psychotic decompensation presented with dysphoria, paranoid delusions, agitation, verbal aggression and hostility. Clinical presentation and psychopharmacological treatment were complicated with her comorbid disorders, MG, which was recently treated because of a relapse, and hypothyroidism, which worsened as she neglected her regular check-ups. Multidisciplinary approach was needed to control the symptoms of her comorbid disorders, which, especially MG, limited psychopharmacological options. Combination of antipsychotics (aripiprazole, haloperidol) and mood stabilizer (sodium valproate) led to clinical improvement of psychotic symptoms. However, poor insight remained- the patient insisted on demission and was not interested in suggested psychotherapeutic and sociotherapeutic programs.
Conclusions: In complex cases like this, multidisciplinary approach is essential for adequate treatment of both psychiatric and comorbid somatic disorders. Conditions like MS can prolong treatment or even worsen the symptoms of a psychiatric disorder, especially since they limit the use of psychopharmacotherapy. Due to this, psychotherapeutic interventions could be even more important to keep a stable remission with a good insight and adherence to both psychiatric and somatic treatment.

Disclosure of Interest: None Declared