

Use Disorders (SUDs), illness duration, or socio-demographic features can interfere with the appraisal of effect of RCU on these symptoms. Studies are rarely adjusted for these variables and no adjustment can be performed in meta-analyses which use aggregated data. For these reasons, we decided to conduct a mega-analysis based on individual patient data (IPD) allowing to control for these variables and isolate the specific association between RCU and the severity of symptoms.

Objectives: Investigate the association between RCU on the positive, negative, general, and disorganized symptoms of psychosis as assessed by the Positive and Negative Syndrome Scale (PANSS), accounting for individual-level confounding variables.

Methods: IPD were requested by email to corresponding authors of published articles that measured RCU and PANSS scores in subjects with schizophrenia-spectrum disorders, based on a screening process on PubMed, ScienceDirect and PsycINFO databases. A two-stage random effect multivariate IPD meta-analysis was then performed, to isolate the direct association between RCU and the 'positive', 'negative', and 'general' dimensions of schizophrenia-spectrum disorders. Confounding variables were included in the models when available in the original dataset.

Results: 65 publications were eligible for inclusion. 18 authors agreed to provide their IPD. A total of 16 datasets were usable, regrouping 3,346 individual participant data, with 2,827 complete cases. Regression coefficients extracted after the first stage were adjusted for at least sex and age across all studies. RCU was found to be significantly associated with heightened positive symptoms severity (MD = 0.41, 95% CI [0.0; 0.82], $p = 0.04$), whereas it appeared significantly associated with less severe negative symptoms (MD = -0.63, 95% CI [-1.1; -0.17], $p = 0.008$). No significant association was found between RCU and general symptoms (MD = -0.24, 95% CI [-0.69; 0.21]; $p = 0.29$), as well as disorganization (MD = -0.08, 95% CI [-0.47; 0.35], $p = 0.63$).

Conclusions: Our results allow for a general and subtle overview of the association of RCU with symptoms of psychosis. Our findings suggest a double and paradoxical effect of cannabis, which could both exacerbate positive symptoms and alleviate negative symptoms. This supports both the hypotheses of a disease aggravator and self-medication.

Results change as we receive datasets from collaborating authors and could continue to change as not all authors sent their datasets yet.

Disclosure of Interest: None Declared

EPP1035

Rituximab for treatment-resistant schizophrenia and/or obsessive-compulsive disorder (OCD): functional connectivity and cytokines associated with symptomatic improvements

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Introduction: Immunological mechanisms may contribute to the causation of mental illness. Autoimmunity is most convincingly

shown for anti-NMDA-R encephalitis and Pediatric Acute-Onset Neuropsychiatric Syndrome (PANS); disorders that overlap clinically with schizophrenia and OCD. Altered inflammatory cytokine production, glial activation and auto-antibodies have also been associated with schizophrenia and OCD. In these disorders, however, the treatment results with anti-inflammatory or immunomodulating drugs have hitherto been limited and inconsistent. Yet other targets within the immune system may still be effective and new options are warranted for treatment-resistant patients. Rituximab targets B-lymphocytes and is often used in autoimmune disorders such as rheumatoid arthritis, multiple sclerosis and anti-NMDA-R encephalitis.

Objectives: We aimed to investigate whether rituximab is clinically effective, safe and tolerable as add-on therapy in markedly ill, treatment-resistant adult psychiatric patients with schizophrenia or OCD. We also wanted to identify putative mediating mechanisms in treatment responders, such as cytokine changes and functional connectivity (FC).

Methods: In an open pilot study, adults (18-39 years) with treatment-resistant schizophrenia and/or OCD were included. They received an intravenous infusion of rituximab 1000 mg, once at baseline, in addition to their regular psychiatric medication and were followed for 1 year. The main outcome measures were the Positive and Negative Syndrome Scale (PANSS) or Yale-Brown Obsessive Compulsive Scale (Y-BOCS), the Clinical Global Impression-Improvement scale (CGI-I) and the Personal and Social Performance scale (PSP). Treatment response was defined as $\geq 40\%$ decrease in PANSS or $\geq 35\%$ decrease in Y-BOCS, and much improved according to CGI-I. Resting-state fMRI was applied at baseline and after 5 months. Plasma cytokines were measured at 0, 3 and 5 months. Cognitive tests and the recently developed PsychoNeuroinflammatory Related Signs and Symptoms Inventory (PNISSI) were used to identify and measure symptoms related to neuro-inflammation and cognitive function.

Results: Nineteen patients were treated with rituximab. 3-5 months after treatment, 6/9 patients with schizophrenia and 1/10 with OCD responded. One schizophrenia patient continues with rituximab every 6 months and has reportedly done well for almost 3 years. No severe side effects were reported apart from recurrent abdominal pain in a schizophrenia patient and one case of post-COVID-19 syndrome. Significant changes of FC were detected in responders only and correlated with PSP changes.

Conclusions: Aberrant B-cell activities may contribute to treatment-resistant schizophrenia and be amenable to treatment with rituximab. However, the results of this pilot study need confirmation in placebo-controlled trials.

Disclosure of Interest: None Declared

EPP1036

Genital Self-Mutilation in a Patient with Psychosis: A Case of Klingsor Syndrome

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Introduction: Intentionally harming oneself with deliberate destruction of body parts without a suicidal purpose is defined as self-mutilative behavior. Genital Self-Mutilation is an extreme form of such action and usually seen as a result of an underlying psychiatric condition. Although schizophrenia spectrum disorders are the leading cause, substance use, personality disorders, and gender dysphoria may also result in GSM. Klingsor Syndrome, a rare clinical entity, was first described as GSM with religious delusions. Later, Schweitzer proposed expanding the term to include all psychotic disorders. (Veeder et al., *Gen Hosp Psychiatry* 2017;44:43-50)

Objectives: The aim of this piece is to report our case of a patient with psychosis performing genital self-mutilation in order to promote proper diagnosis and management of patients with similar conditions.

Methods: A 24-year-old male was brought to the psychiatric emergency unit after self-harming behavior causing numerous wounds throughout his face, trunk, and genital area. Penile and scrotal lacerations were prominent. The patient stated that he had inflicted these wounds upon command hallucinations. Examination also revealed disorganized speech, dysphoric mood, paranoid delusions. The wounds were healed and the patient was prescribed antibiotic medication. He was then admitted to the psychiatric ward. The patient's first psychiatric visit was dating back to four years prior to his inpatient admission. However, symptoms of paranoid delusions and auditory hallucinations had been more severe for about a year. Throughout his outpatient appointments during this time, olanzapine and aripiprazole were tried and a partial response was elicited but the patient generally was non-compliant with the treatment. Cannabis use history was also significant. On admission, the patient was put on amisulpride 800 mg daily, gradually increased to 1200 mg. Valproic acid 1000 mg/day was also added to the treatment in order to control impulsive behaviors. Care of the genital wounds was provided as per the recommendations of the urology department. Near total improvement of the psychiatric symptoms were achieved during the hospitalization. The final diagnosis of Klingsor Syndrome was concluded as the patient was discharged.

Results: The patient's remission sustained during outpatient follow-ups. About a year after discharge, asymptomatic prolactinemia was detected and managed by reducing amisulpride dose and addition of aripiprazole 5 mg/day.

Conclusions: GSM is a dramatic form of self-harm. The severity of psychotic illness of patients often facilitates the conduction of such behaviors. Appropriate antipsychotic treatment and effective care may prevent patients from inflicting severe damage to themselves. Also, In cases of GSM in patients with underlying psychiatric conditions, an interdisciplinary approach is required.

Disclosure of Interest: None Declared

EPP1037

Intelligence Quotient changes over 10 years: diversity of cognitive profiles in first episode of psychosis and healthy controls

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Introduction: The evidence on the course of the intelligence quotient (IQ) at the long term in individuals with schizophrenia spectrums disorders is inconclusive.

Objectives: We aimed to analyse whether IQ improves, declines, or remains stable over 10 years in a sample of patients with First Episode Psychosis (FEP) and healthy controls (HCs).

Methods: The FEP patients participated in a Program of First Episode Psychosis in Spain called PAFIP. At baseline, FEP patients provided demographic and clinical data, and completed a neuropsychological assessment that included an estimation of premorbid IQ through the WAIS vocabulary subtest. At 10-year follow-up, the participants were invited to complete the same evaluation and 10-year IQ was estimated. The group of HCs underwent the same neuropsychological battery at both moments. Cluster analysis was performed separately in the FEP patients and the HCs to determine their profiles of intellectual change.

Results: FEP patients (n=137) were grouped into five clusters (see Figure 1): "Improved low IQ" (9.49% of patients), "Improved average IQ" (14.6%), "Preserved low IQ" (17.52%), "Preserved average IQ" (43.06%), and "Preserved high IQ" (15.33%). Ninety HCs were grouped into three clusters: "Preserved low IQ" (32.22% of the HC), "Preserved average IQ" (44.44%), and "Preserved high IQ" (23.33%). Demographic data of FEP patients are presented in Table 1.

Table 1. Sociodemographic data of FEP patients

	Improved low IQ (C1) N= 13 Mean (SD)	Improved average IQ (C2) N= 20 Mean (SD)	Preserved low IQ (C3) N= 24 Mean (SD)	Preserved average IQ (C4) N= 59 Mean (SD)	Preserved high IQ (C5) N= 21 Mean (SD)	F	P
Premorbid IQ	71.15 (6.50)	84.50 (5.10)	88.96 (5.31)	100.76 (4.90)	117.14 (7.34)	180.87	<0.001
10-year IQ	85.38 (5.94)	103.25 (4.06)	90.00 (5.32)	105.76 (6.49)	114.52 (6.87)	77.47	<0.001
Age	26.44 (6.07)	24.85 (4.08)	25.99 (8.49)	30.86 (9.54)	33.20 (8.81)	4.350	0.002
Age of onset	25.54 (5.81)	24.11 (4.19)	25.46 (8.41)	29.68 (9.26)	32.14 (8.48)	3.993	0.004
Sex (male %)	53.85	80.00	62.50	49.15	42.86	X= 7.672	0.104
Years of education	8.31 (2.14)	9.00 (2.10)	9.00 (2.13)	11.63 (3.39)	14.38 (3.15)	15.818	<0.001
DUP (months)	10.77 (16.50)	8.94 (9.79)	6.42 (9.47)	14.08 (28.46)	12.77 (20.02)	0.628	0.643
Schizophrenia diagnosis (yes%)	53.84	70.00	70.83	59.32	57.14	2.096	0.718

Conclusions: The FEP patients showed intellectual improvement or stability, but no decline post-onset of psychosis. However, their profiles of intellectual change are more heterogeneous than that of HCs over 10 years. Particularly, there is a subgroup of FEP patients with a significant potential for long-term cognitive enhancement.

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