that was bothering her and that behavior caused intense scaring in her face. Meanwhile, the patient was also submitted to 3 cutaneous biopsies (prescribed by a dermatologist) that refuted the hypothesis of any living organism underneath her skin. In addition, the patient was prescribed sertraline, bromazepam and lorazepam that, although improved her sleep and anxiety levels, were inefficient to treat the root of her suffering. Finally, after 12 years of dispersed medical follow-up, this patient was evaluated by a new psychiatrist and prescribed paliperidone that rapidly made the agonizing "strange sensation" disappear.
Conclusions: Even though primary delusional infestations are a rare psychiatric diagnosis, all medical doctors should consider it when their patients report bothersome dermatologic complaints associated with the belief of infestation and negative diagnostic examinations. It is incredibly important to consider this diagnostic, as the early treatment of this entity might prevent the patient from undergoing multiple years of suffering and discomfort.

Disclosure of Interest: None Declared

EPP0651

The relationship between visual hallucinations, functioning and suicidality over the course of illness: a 10-year follow-up study in first-episode psychosis

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Introduction: Visual hallucinations are a common symptom across psychotic disorders and have been linked to illness severity, impaired functioning, and increased suicide risk. However, little is known about the stability of this relationship over the long-term course of illness.
Objectives: This study aims to assess whether the presence of visual hallucinations is associated with illness severity, functioning and suicidality, early and late in the course of illness. It further explores the potential role of childhood trauma in this context, which has been linked to both visual hallucinations and suicidality.
Methods: A sample of 185 individuals with first-episode psychosis was assessed with structured clinical interviews and self-report questionnaires at time of study inclusion and at 10-year follow-up. Those with lifetime experience of visual hallucinations at inclusion (VH+/+) as well as those where visual hallucinations first developed during the follow-up period (VH-/+) were compared to a group without such experiences (VH-/-). To this end, multinomial logistic regression models were applied, with a range of clinical and demographic variables as predictors.
Results: At time of inclusion, the VH+/+ group had significantly higher symptom severity scores, lower functioning scores, and were more likely to have a history of multiple suicide attempts. There were no such differences between the VH-/+ and the VH-/- group. At follow-up, this pattern of findings partially reversed. Here, only the VH-/+ group differed from the VH-/- group in terms of higher symptom severity scores and lower functioning scores. However, the VH+/+ group was still more likely to report multiple suicide attempts during the follow-up period, whereas VH-/+ did not differ from VH-/-. Notably, childhood trauma scores did not differ between groups.
Conclusions: In line with previous studies, these findings point to an association between visual hallucinations and illness severity, functioning and suicidality. However, this association seems to change over the course of illness. Together, this highlights the relevance of assessing visual hallucinations in the clinical setting and monitoring their development over time.

Disclosure of Interest: None Declared

EPP0653

Predictors of therapeutic response in schizophrenia – preliminary results

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Introduction: Schizophrenia is a heterogenous disease and there is wide variation in the therapeutic response in patients, with some being good responders and others - severely disabled and defined as treatment resistant.
Objectives: To identify specific socio-demographic and clinical characteristics as prognostic factors for therapeutic response in the search of course prognosis and disease outcome.
Methods: The study has naturalistic, non-interventional design and includes one-year prospective follow-up. Schizophrenic patients are being evaluated in three time points – at admission (T1), by discharge (T2), and one year after the hospitalization (T3). Psychopathology is evaluated by the Positive and Negative Syndrome Scale (PANSS), as well as negative symptoms – by the Scale for the Assessment of Negative Symptoms (SANS), aggression by the Modified Overt Aggression Scale (MOAS) and functioning by the GlobalAssessment of Functioning (GAF). Statistical analyses are performed using Descriptive methods, Student's t-test, Wilcoxon Signed Ranks Test, as well as multiple regression. An ethical approval of the study has been obtained.
Results: The sample consists of 108 patients with mean age of 39 (SD±12.7) and 89.8 % (N=97) of them were prospectively assessed after one year. All symptom dimensions in the 5 -factor model – positive, negative, disorganized, manic, and depressive, measured by PANSS, as well as negative symptoms (objectified by SANS) and aggression (objectified by MOAS) are significantly lower after inpatient treatment. There is an improvement in functioning one year after admission ($z=-8.01$, $p<.001$), although both negative symptoms ($z=-2,45$, $p=0.015$) and aggressive behavior ($z=-4.260$, $p<.001$) are significantly higher one year after discharge. From the multiple regression, at T1, involuntary admission is a significant predictor for higher aggression and lower functioning ($p<.001$). The duration of hospitalization is longer with lower compliance ($p=.022$) and the treatment with atypical antipsychotics decreases the hospital stay ($p=.021$). One year after admission, employment serves as a positive predictive factor as it decreases the psychopathology ($p=.001$), negative symptoms ($p<.001$), and improves the functioning ($p<.001$). Good compliance is a predictor for lower psychopathology ($p=.015$), less aggression and higher functioning ($p<.001$).

Conclusions: The inpatient treatment is efficacious in terms of psychopathology, aggression and is linked to better functioning. The naturalistic design shows depletion of the positive effects of treatment in terms of negative symptoms and aggression probably due to incomplete medication compliance, which is a bad prognostic factor for functioning. This implies the need of continuous psychosocial services and better psychoeducation after discharge.

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EPP0654

Psychotic depression and the risk of death due to suicide

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Introduction: Depression markedly increases the risk of suicide, and depression is the most common psychiatric disorder diagnosed in persons with a completed suicide, but the interplay between depression and psychotic symptoms in suicides has remained unsettled.
Objectives: The purpose of this study was to establish the risk of suicide associated with incident psychotic depression (PD) compared to incident non-psychotic severe depression (NPD) in a large nationwide cohort.
Methods: This cohort study used routine data from nationwide health registers in Finland. Eligible participants were aged 18–59 years at the index diagnosis. Causes of death were defined by the International Classification of Diseases, 10th revision codes. The follow-up time was up to five years. Adjusted Cox regression models were used to analyse risk of death by method of suicide.
Results: We included 17331 individuals with incident PD and 85989 individuals with incident NPD. Most of the deaths due to suicides occurred within the first two years after the index diagnosis. Compared to NPD, PD was associated with an overall two-fold increased risk of suicide (adjusted hazard ratio, (aHR) 2.19, 95% confidence interval (CI) 1.95, 2.46), after adjusting for psychiatric comorbidities. In PD, the highest relative risks were for impact-related suicides (aHR 3.03, 95%CI 2.23, 4.13) and for suffocation-related suicides (aHR 2.72, 95%CI 2.23, 3.30), whereas the lowest relative risk was for intentional poisonings (aHR 1.66, 95%CI 1.37, 2.02).
Conclusions: Psychotic symptoms increased the risk of suicide 2-fold of the risk that was associated with severe depression, after controlling for comorbid psychiatric disorders. The severity of suicidal ideation may be higher in PD than in NPD, which then leads to more lethal methods of self-harm.

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EPP0655

What Is A "Difficult To Treat" Schizophrenia Patient

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Introduction: The Portuguese Plan for Mental Health envisaged the development of teams dedicated to the support of "difficult" patients. However, it was not clarified who these patients were, nor in which dimensions they could be supported. In this regard, there is a need for an objective and pragmatic definition to understand who these patients are.
Objectives: To characterize the "difficult" patient with Schizophrenia.
Methods: Through the hospital's IT services, all acute inpatient episodes at Centro Hospitalar Psiquiátrico de Lisboa were collected since 2017, with the diagnosis of Schizophrenia (ICD10: F20 – n: 1448). Cluster analysis was performed, regarding number of previous admissions (PA) and days of admission. Descriptive analysis of these patients was made, regarding age, gender, destination at discharge, and to the "difficult to treat" patients, whether they attend a medical consultation prior to admission, if they were complying with the therapy and if they were using psychoactive substances.
Results: Cluster analysis identified 3 clusters: (G1) a larger, uncharacteristic one; (G2) one of users with many PA; and one with a high number of days of admission (G3).
The average age is similar (46 years old), as well as gender (male). Regarding hospitalization days, G1 and G2 presented similar average values (16 days), higher for G3 (60 days). Comparing PA in G2, 47% of patients have between 6 and 10 PA and 25% have between 11 and 20 PA. For the same intervals, G3 has values of 10% and 2% respectively. About the destination after discharge, about 2/3 of both groups were referred for follow-up consultation; in G2, 5% were discharged by abandonment and in G3, 5% were referred to a Rehabilitation service and 6% integrated in Residential homes. Approximately 2/3 of the patients in G2 and G3 did not go to a medical consultation in the three months prior to their admission. Regarding the therapeutic plan, in G2 73% were not following it and in G3 this rate was 66%. Only 5% of G2 and 2% of G3 were in involuntary treatment. Injectable medication was used by 42% of patients in G2 and 23% in G3. Regarding substance use, alcohol was present in 9% of G2 and in 6% of G3; cannabinoids in 18% of G2 and in 11% of G3; and other psychoactive substances were present in 8% of G2 and in 4% of G3.
Conclusions: The findings of this study allow us to outline two profiles of "difficult to treat" patients with Schizophrenia. On the one hand those with multiple relapses (G2), on the other those with prolonged hospitalizations (G3). Both have poor adherence to