

Methods: We present the case of a 40-year-old woman from Peru who was admitted to the otorhinolaryngology unit for injuries compatible with necrosis of the right pinna. When the patient was examined, scars were found on the lower limbs and back. The patient justifies the scratching lesions with the presence of pathogenic organisms, with no trace of them by the physician.

Results: The patient was evaluated by psychiatry service during her admission in otorhinolaryngology, being diagnosed with Ekbom's delirium and starting treatment with 3 mL of Aripiprazole. Subsequently she was referred to the mental health unit where she left the follow-up until today.

Conclusions: Different effective treatments have been described, among them pimozide, atypical antipsychotics and some SSRIs. However, the complexity of treatment arises when dealing with the irreducible idea that the patient has of being infested, refusing in most cases to receive psychiatric treatment. This can degenerate into major organic and psychological problems that turn the patient's life into a real hell, which often end up losing much of their daily functionality. The fact of empathizing with the patient and trying to elaborate a plan adjusted to the reality and needs of the moment, can help us to establish a good therapeutic bond that facilitates an early start of treatment and greater therapeutic adherence, enabling a significant improvement in their quality of life.

Disclosure of Interest: None Declared

EPV0995

Review of Delusional Jealousy and Its Association with Sexual Dysfunctions

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Introduction: Mental state changes can affect one's sexual life, while sexual dysfunction can lead to relationship challenges. Delusional jealousy, also called Othello syndrome, involves a paranoid belief in a partner's infidelity, leading to controlling and violent behaviors. It can manifest as a paranoid disorder, as a delusional symptom of psychiatric, neurological or other medical conditions, or as side effect of dopaminergic medication. Although its exact prevalence remains uncertain, it has been identified in 0.5-1.4% of psychiatry inpatients.

Objectives: To describe sexual dysfunctions associated with delusional jealousy and to explore strategies for addressing these dysfunction.

Methods: A non-systematic review of the literature available at PubMed was conducted using the keywords "Sexual Dysfunction" AND "Delusional Jealousy OR Othello Syndrome".

Results: A number of factors, including sexual dysfunction, can trigger or exacerbate delusional jealousy. This is especially true for middle-aged men who have a history of alcohol consumption, neurological or personality disorders. Individuals with sexual dysfunction experience feelings of insecurity, projecting these concerns onto their partners and suspecting extramarital relationships. On the other hand, sexual dysfunctions such as Hypoactive Sexual

Desire Disorder, Female Sexual Arousal and Orgasmic Disorders, Erectile Dysfunction and Ejaculation Disturbance may occur as consequence of Othello Syndrome. Multiple factors contribute to these dysfunctions, including increased testosterone and cortisol levels, chronic alcohol use, comorbid psychiatric conditions and antipsychotics. There are reports of increased sexual desire, especially in cases of dementia.

Conclusions: Although the evidence is limited and dated, it points to a bidirectional association between delusional jealousy and sexual dysfunction. Further studies are essential to determine the prevalence and types of sexual dysfunctions in Othello syndrome, and the causal relationship between them. Additionally, investigating gender differences is crucial, given the male-centric focus of existing studies. This research can contribute to clinical care by promoting the screening for sexual issues and their integration into delusional jealousy management.

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EPV0996

Schizophrenia and Risk of Dementia: A Literature Review.

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Introduction: Dementia is a clinical syndrome affecting 1-2% of the population under the age of 65, while at older ages the frequency doubles every five years. The clinical manifestations include memory loss, communication deficits, agnosia, apraxia and executive dysfunction. Schizophrenia is a complex, chronic mental disorder affecting approximately 1% of the population, presenting with disturbances in perception, thought and behavior.

Objectives: To investigate the relationship between schizophrenia and later-onset dementia; more specifically to explore whether schizophrenia increases the dementia risk.

Methods: A review of 35 articles -from 2010 to 2023- on PubMed and Google Scholar regarding patients with schizophrenia or other type of psychosis, who later presented dementia.

Results: Patients with a history of schizophrenia, schizotypal disorder, or delusional disorder are more likely to develop dementia. The greatest risk is presented in patients showing the shortest duration of psychotic symptoms (5 years or less), while at 5-10 years the probability of developing dementia decreases. The most common types of dementia occurring in psychotic patients are Alzheimer's disease (50-70%), vascular dementia (30%) and unspecified dementia (15%). Chronic patients (10+ years of symptomatology) are less likely to develop dementia. Psychotic patients over the age of 65 are more likely to develop dementia later in life, while individuals who develop schizophrenia after their 40s are three to four times more likely to present dementia compared to patients carrying a schizophrenia diagnosis before their 40s. Females with Late-Onset Schizophrenia have an increased dementia risk compared to males carrying the same diagnosis and compared to healthy females of the same age. Physical conditions implicated in the onset of dementia in schizophrenic patients