typically associated with catatonia, usually in schizophrenia, but also depression, bipolar disorder, intoxication, and neurological conditions.
Objectives: To describe a case of mutism without catatonia.
Methods: We describe a clinical case of a patient admitted to our psychiatric inpatient unit with mutism as the presenting symptom. The literature on this subject is also selectively reviewed.
Results: A 49-year-old woman was found mute at home by her brother and brought to our emergency room. Not a word had come out of his mouth for the past month. She would show up at the restaurant where she worked as a waitress and do her job, but she didn't talk. As a result, she had been fired. Her routine daily chores and her vegetative functions were maintained. She had no prior history of medical or psychiatric illness or substance abuse. In addition to the mutism, the patient showed an important psychomotor restlessness and performed repetitive hand movements suggestive of occupational delirium. There was no rigidity, stupor, negativism, catalepsy, echosymptoms or any other catatonic symptomatology.
She was then admitted to our inpatient unit, where a complete blood test, EKG, brain CT, brain MRI, EEG and a lumbar puncture with biochemistry and neuroimmunology studies were performed, none of them showing any abnormalities.
The clinical presentation suggested the diagnosis of either a psychotic disorder or a major depressive episode.
The patient was then started on olanzapine up to 20 mg/d, fluoxetine up to 20 mg/d and lorazepam up to 6 mg/d. Due to persistence of symptomatology despite pharmacological treatment, she was started on Electroconvulsive Therapy (ECT). At the time of issuance of this report, 7 bilateral ECT courses have been carried out and absolute mutism persists. Although she has presented an improvement of the anxiety and the repetitive behaviors noted on admission have disappeared, she hasn´t resumed speaking.
Conclusions: Mutism occurs in a number of conditions, both functional and organic, and an accurated diagnosis is important for the management. One must perform a thorough physical and systemic examination to rule out organic causes for mutism. An observation for some time period may be warranted and should be done to reach final diagnosis in our case.

Disclosure of Interest: None Declared

EPP1033

Moral Injury and Pre-Deployment Personality Factors as Contributors to Psychiatric Symptomatology among Combatants: A Two-Year Prospective Study

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doi: 10.1192/j.eurpsy.2023.1307

Introduction: Combatants who are exposed to events which transgress deeply held moral beliefs might face lasting psychopathological outcomes, referred to as Moral Injury (MI). However, knowledge about pre-deployment factors which might moderate the negative consequences of MI is sparse.
Objectives: In this prospective study, we examined pre-enlistment characteristics and pre-deployment personality factors as possible moderators in the link between exposure to potentially morally injurious events (PMIEs) and psychiatric symptomatology among Israeli active-duty combatants.
Methods: A sample of 335 active-duty Israeli combatants participated in a 2.5-year prospective study with three waves of measurements (T1: 12 months before enlistment, T2: 6 months following enlistment- pre deployment, and T3: 18 months following enlistment- post deployment). Participants' characteristics were assessed via semi-structured interviews (T1) and validated self-report measures of personality factors: emotional regulation, impulsivity, and aggression (T2) and combat exposure, PMIEs, psychiatric symptomology and post traumatic symptoms (T3) between 2019-2021.
Results: Pre-enlistment psychiatric difficulties and negative life events contributed to higher exposure to PMIEs post deployment. Higher levels of pre-deployment aggression and lower levels of emotional regulation and impulsivity moderated the association between betrayal, PMIEs and psychiatric symptomology post deployment, above and beyond pre-enlistment psychiatric difficulties and life events.
Conclusions: Our results highlight that pre-deployment emotional regulation, impulsivity and aggressiveness levels should be assessed, screened, and identified among combatants, as they all facilitate psychiatric symptomology (and PTSS) after combatants are exposed to PMIEs of betrayal. Such pre-assessment will enable identification of at-risk combatants and might provide them with tailor made preparation regarding moral and ethical situations that should be investigated in future researches.

Disclosure of Interest: Y. Levi-Belz: None Declared, G. Zerach Shareolder of: no, Grant / Research support from: no, Consultant of: no, Employee of: no, Paid Instructor of: no, Speakers bureau of: no

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EPP1034

Association between cannabis use and symptoms of psychosis: a mega-analysis

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doi: 10.1192/j.eurpsy.2023.1308

Introduction: It remains debated in the scientific literature whether cannabis aggravates psychotic symptoms or is used as a self-medication. Regular cannabis use (RCU) was found associated with the severity of positive symptoms of psychosis i.e., delusion or hallucinations. However, the association with negative symptoms, i.e. blunted affect or social withdrawal, is less straightforward. Confounding variables such as the criteria for other Substance

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 theses 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 [-069; 0.21]; p = 0.29), as well as disorganization (MD = -0.08, 05%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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doi: 10.1192/j.eurpsy.2023.1309

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 ≥ 40 % decrease in PANSS or ≥ 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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doi: 10.1192/j.eurpsy.2023.1310