new therapist, in this context intensive follow-up is carried out in the event of the appearance of pharmacological secondary effects, pharmacological readjustment is carried out with good results.
During the joint follow-up with nursing, the cessation of secondaryisms is confirmed and we are informed of the gradual appearance of overvalued ideas in relation to the new therapist, which are gradually structured in the form of erotomanic delirium that coincides with the cessation of follow-up by said therapist. Consultations in the emergency room occur on a couple of occasions due to mild behavioral alterations secondary to messages and communications that he reports receiving where said love is confirmed. Despite readjustments, there continues to be an increase in clinical symptoms due to abandonment of medication, finally producing serious alterations aimed at the search for said therapist, finally culminating in admission to the acute care unit for containment of said condition.
Objectives: The objetives is the diferencial diagnosis, in this case symptoms could be classified as positive symptoms of schizophrenia, although it is its own nosological entity.
Methods: .
Results: .
Conclusions: This patient represents a classic example of De Clerambault syndrome and is a faithful expression of the recurrent syndrome associated with delusions of grandeur, eroticism and jealousy. There have also been ideas of reference and agitated behavior associated with his delusional process.

Disclosure of Interest: None Declared

EPV0975

The Course of Schizophrenia Spectrum Disorders With Episodes of Catatonic Depressions

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Introduction: Mood symptoms, especially depressive ones, occur in the majority of patients with schizophrenia spectrum disorders (SSD). Therefore, depression is often identified as one of the symptomatological dimensions of schizophrenia. Catatonia is also considered by some researchers as one of the dimensions of schizophrenia, or as an independent transnosological formation. Catatonia in SSD may be associated with affective dysregulation and is often accompanied by depression. Although the clinical course of SSD has been well studied previously, its relationship with psychopathological structure of episodes of SSD remains not entirely clear.
Objectives: To determine the impact of episodes of catatonic depression on the course and prognosis of SSD.
Methods: A sample of 60 patients with episodic course of SSD who met the criteria for catatonia according to the Bush-Francis Catatonia Screening Instrument (BFCSI) and for depression according to the Calgary depression schizophrenia scale (CDSS) was analyzed. An analysis of the clinical course of SSD was carried out on the basis of the medical history of all patients in the study sample and follow-up observation of 42 patients for 5 years. Global Assessment of Functioning Scale (GAF) was used to assess the prognosis of SSD.
Results: Patients were divided into two groups depending on the period of manifestation of catatonia in the clinical course of SSD: during the first episode or during subsequent episodes. The sample of patients with the first episode (n=43, 71.7 %) was divided into three subgroups. A relatively favorable course of SSD was observed only in 13 patients (30.2 %; 21.7 % of SSD sample). The course of disorder was characterized by similar episodes with a high proportion of affective symptoms, long-term remissions and minimally expressed negative symptoms (GAF score=75.2±5.82). A relatively unfavorable course of SSD was observed in 15 patients (34.9 %; 25.0 % of SSD sample). It was characterized by moderate negative and chronic subdepressive symptoms with low frequency of catatonic and psychotic relapses (GAF score=62.3). An unfavorable course of SSD was also observed in 15 patients (34.9 %; 25.0 % of SSD sample). It was characterized by a high frequency of relapses with a tendency to form a chronic conditions with residual catatonic signs and psychotic symptoms (GAF score=50.1). In the sample of patients with manifestation of catatonia in the second or subsequent episodes (n=17; 28.3 %), the clinical course of SSD was unfavorable. It was characterized by a rapid augmenting of negative symptoms with the formation of psychomotor poverty syndrome with residual catatonic symptoms (GAF score=52.7).
Conclusions: Our study shows that the occurrence of catatonic depressive episodes in the clinical course of SSD in most cases is an unfavorable prognostic factor.

Disclosure of Interest: None Declared

EPV0976

Efficacy and tolerability Aripiprazole once-monthly long-acting injectable in schizophrenia. Two-injection start regimen. A 24 months follow-up and mirror image study

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Introduction: Relapse prevention is crucial in patients with schizophrenia, as repeated episodes can worsen psychopathology and functionality. There is strong evidence of antipsychotics efficacy in preventing relapse; however, non-compliance rates in patients with schizophrenia are very high. Long-acting injectable antipsychotics (LAIs) are an important treatment option but remain underutilized.
Aripiprazole once-monthly is a long-acting intramuscular injectable formulation of aripiprazole indicated for the maintenance treatment of schizophrenia in adult patients stabilized on oral aripiprazole.
If one injection start regimen is adopted, on the day of initiation, an injection of 400mg Aripiprazole once monthly should be administered accompanied by 10mg to 20mg of oral aripiprazole per day for the successive 14 days New treatment regimen: On the day it begins,

inject 400 mg Aripiprazole twice at different sites and provide one 20 mg dose of oral aripiprazole
Objectives: The main aim of this study is to evaluate the efficacy and tolerance of Aripiprazole long-acting injectable (ALAI) in stable patients with schizophrenia.The initial dose was administered according to the new regimen (Two injection Start).
The secondary objective is to compare hospitalizations and emergency interventions during 24 months before (retrospective) and after (prospective) switching to ALAI.
Methods: The study included 15 patients diagnosed with stable schizophrenia (DSM 5 criteria) who underwent treatment with ALAI. The beginning dosage was administered using the new regimen (Two Injection Start).
Over an 24-month follow-up period, the Clinical Global Impression-Schizophrenia scale (CGI-SCH), treatment adherence, concomitant medication, hospitalizations, emergency assists, and reported side effects were evaluated every three months.
Results: Mean initial scores were 4.24 (±0.83) on GCI-SCH.
After 24 months, the mean scores varied from baseline by -1.21 ±0.74 (P<0.01) on the ICG-SCH.
The percentage of patients who remained admission-free at the end of the 24 months was 73%.
The treatment adherence rate for ALAI after 24 months was 66%.
The most frequent side effect with an incidence of 20% was transient mild insomnia. None of the patients who started ALAI after the 2-injection start regimen experienced severe adverse effects or severe adverse effects.
There were 20 hospital admissions during the 24-month period prior to the switch to ALI, which fell to 5 hospital admissions 24 months following the switch.
Similarly, there were 38 emergency assists during the 24-month period before the switch to ALI, which dropped to 9 emergency assists 24 months after the switch.
Conclusions: We found of Aripiprazole long-acting injectable (The starting dose was administered following the new regimen (Two injection Start)) is effective, safe, and well tolerated in clinical practice conditions

Disclosure of Interest: None Declared

EPV0977

Paliperidone palmitate 6-month formulation for the treatment of schizophrenia: a 14-month follow-up study

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Introduction: Relapse prevention is critical because psychopathology and functionality can worsen in patients with schizophrenia because the repeated episodes and we have strong evidence of antipsychotics efficacy for relapse prevention, but nonadherence rates in patients with schizophrenia are very high, even in comparison with other illness.
There is extensive clinical trial evidence for the use of paliperidone palmitate 1-month (PP1M) and paliperidone palmitate 3-month (PP3M) formulations for maintaining treatment continuity and preventing relapses and risk of hospitalizations in patients with schizophrenia. (Najarian et al. Int J Neuropsychopharmacol 2022; 25(3) 238-251). Paliperidone palmitate 6-month (PP6M) formulation is a presentation that provides a dosing interval of once every six months.
Objectives: The principal aim of this study was to evaluate the effectiveness, safety, and tolerability of the PP6M in patients with non-acute schizophrenia on an outpatient basis
Methods: Methods: Sample: 22 patients diagnosed with schizophrenia (DSM 5 criteria) that started treatment with PP6M after being stabilized with PP1M (N:10) or PP3M (N:12) (the treatment dose was not changed in the four months before study inclusion)
Bimonthly, the following evaluations were performed during a follow-up period of 14 months:
The Clinical Global Impression-Schizophrenia scale (CGI-SCH)
Treatment adherence, concomitant medication, adverse events and the number of hospitalizations and emergency visits
Efficacy values: Percentage of patients who remained free of admissions at the end of 14months of follow-up.
Other evaluation criteria: Percentage of patients who never visited the emergency department at the end of 14 months of follow-up, average change from baseline visit to the final evaluation as assessed by score obtained on the following scale: GSI-SCH, treatment adherence rate and tolerability.
Results: The percentage of patients who remained free of admission at the end of the 14 months follow-up was 90% in the total sample, 83% in the PP3M pre-treatment group and 100% in the PP1M pre-treatment group.
The percentage of patients who never visited the emergency department at the end of 14 months follow-up was: 81% in the total sample, 75% in the PP3M pre-treatment group and 90% in the PP1M pre-treatment group.
At the end of the study, a mean change of +0.12 (±0.11) on the ICG-SCH-SI scale in the total sample, +0.25 (±0.21) in the PP3M pre-treatment group and 0 in the PP1M pre-treatment group.
The treatment persistence rate at the 14 month of follow-up was 100% in the total sample.
Treatment was well tolerated, and no safety-related adverse events were collected. There were no tolerability-related withdrawals from treatment.
Conclusions: In our study, we found that long-term treatment with paliperidone palmitate 6-month formulation is effective and well tolerated in clinical practice conditions.

Disclosure of Interest: None Declared

EPV0978

Differences in the dynamics of schizophrenia with the formation of episodic and persistent apathetic depressions

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Introduction: Apathy in endogenous depressions is a complex mental phenomenon (it is characterized by indifference and loss