Image:

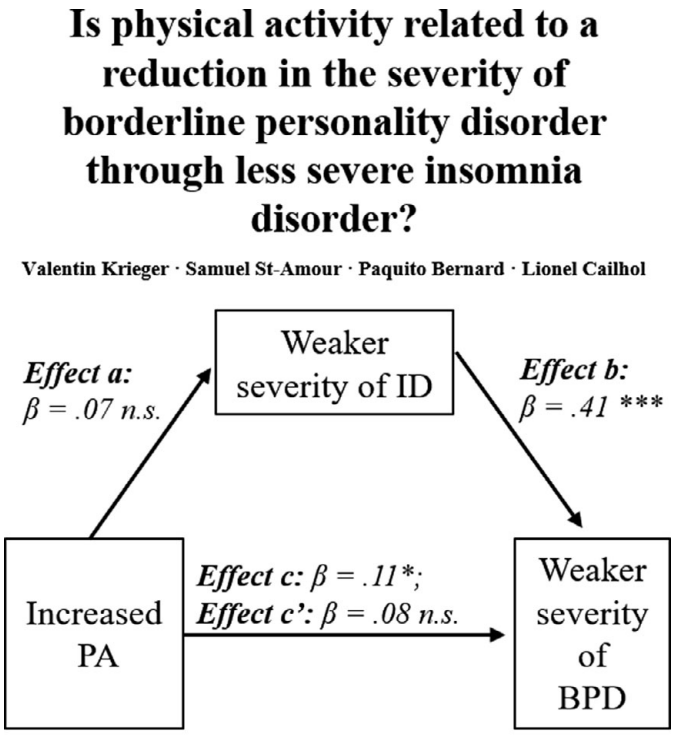


Figure 1 Hypothesized mediation model for direct effects a and b, total effect c and indirect effect c'. Beta coefficients = β; * p < .05; ** p < .01; *** p < .001; n.s.: not significant

Conclusions: Accordingly, ID does not appear to affect the association of PA and BPD severity whereas fewer PA and severe ID can nonetheless have a positive association with the symptoms of BPD in independent ways.

Disclosure of Interest: None Declared

EPV0826

Prodromal stage and clinical features of late-onset schizophrenia and schizophrenia-like psychosis

V. Pochueva[1]* and V. Sheshenin[2]

[1]FSBSI Mental Health Research Center, Moscow and [2]FSBSI Mental Health Research Center, Moscow, Russian Federation
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.2130

Introduction: The early diagnostic of schizophrenia and other psychosis is very important for the early therapeutic interventions.
Objectives: The aim is to describe the connection between the prodromal stage of psychosis and clinical features.
Methods: 74 patients with late-onset psychosis (mean age 64,33±9, 2 male; age of onset 55,3±11,2): late-onset schizophrenia (LOS) (n=49, mean age 63,0±8,47, age of onset 53,9±9,56), late-onset schizoaffective disorder (LOSaD) (n=17, mean age 62,4±6,5, age of onset 54,6±10,6, 2 male), late onset delusion disorder (LODD) (n=8, mean age 76,6±4,3, age of onset 65,2±17,0). Psychopathological, statistical methods were applied.
Results: Allocated 4 types of prodromal stage – 1st without psychopathological signs (n=24, 33%), 2nd – with affective signs like disturbances of mood, anxiety (n=18, 24%), 3rd – with paranoid signs like acute stress-related paranoid reactions without medication; 4th - with schizoid signs with overvaluated ideas. In the 1st group next syndromes prevailed: with secondary persecutory mood-congruent delusions (n=10, 41,7%); with auditory second-person pseudohallucinations with sistematyzed persecutory delusions (n=9, 37,5%); with only systematized persecutory delusions (n=1, 4,1%); with bizzarre delusions (n=3, 12,5%) and with polymorphic symptoms, include different hallucinations, catatonia disorders and with some oneiroid state signs (n=1, 4,1%). In this group 9 patients were diagnosed with LOS (37,5%); 12 patients with LOSaD (50%) and 3 patients with LODD (12,5%). The 2nd group was presented with auditory second-person pseudohallucinations with sistematyzed persecutory delusions (n=5, 27.7%), with secondary persecutory delusions with delusion mood (n=11, 61%), with systemized persecutory delusional - 5.5% (n=1) and with catatonia (n=1, 5.5%). In this group 12 patients were diagnosed with LOS (66%), 5 patients with LOSaD (28%) and 1 patient with LODD (5.5%). In the 3rd group these syndromes prevailed: with auditory second-person pseudohallucinations with sistematyzed persecutory delusions (n=7, 63%), with secondary persecutory delusions with delusion mood - in 2 cases (18.2%), with bizarre delusions - in 2 cases (18.2%). 12 patients were diagnosed with LOS (n=10.91%) and 1 patient with LODD (1.9%). The 4th group was presented with auditory second-person pseudohallucinations with sistematyzed persecutory delusions (n=5, 23.8%), with secondary persecutory delusions with delusion mood (n=3, 14.3%), with bizarre delusions (n=6, 28.6%), with systemized persecutory delusions (n=1, 4.7%), with catatonia (n=2, 9.5%) and with polymorphic symptoms (n=4, 20%). 18 patients were diagnosed with LOS (85.7%) and 3 patients - with LODD (14.3%).
Conclusions: There are different types of prodromal stage in late-onset psychosis that concluded with clinical features.

Disclosure of Interest: None Declared

Psychopharmacology and Pharmacoeconomics

EPV0827

THE POSSIBILITY OF THE EVOLUTION OF NEUROLEPTIC MALIGNANT SYNDROME DURING THE CONCOMITANT USE OF CLOZAPINE WITH LITHIUM SALTS

A. Tomcuk*, J. Đedović and A. Macic

Special Psychiatric Hospital Kotor, Kotor, Montenegro
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.2131

Introduction: The neuroleptic malignant syndrome is a rare but potentially the most dangerous complication of neuroleptic use. The first descriptions of this disorder were given by Delay and colleagues in the 1960s, calling it "hypertonic akinetic syndrome"

and characterizing it with hyperthermia, extrapyramidal symptoms, altered mental status, and autonomic dysfunction. Current knowledge unequivocally shows that NMS most often occurs with the use of first-generation antipsychotics, especially in parenteral form. After the appearance of this disorder, the usual practice is to transfer the patient to monotherapy with clozapine, excluding antipsychotics from the chemical group that led to NMS.
However, there are isolated reports of the occurrence of this syndrome in patients on concomitant therapy of clozapine with lithium salts.
Objectives: The main objective is to present possible case of NMS in patients with concomitant use of clozapine and lithium
Methods: Case report: M. K., born in 1984, graduated from high school, unmarried, without permanent employment. In 2003, after the parenteral application of Depo preparation, he developed NMS. He was hospitalized at the Institute of Psychiatry in Belgrade when he was diagnosed with psychosis of the schizophrenic cycle. After discharge from the hospital, stable clinical remission persists with maintenance therapy with clozapine. In July 2018, after a short stay abroad, he developed a pronounced behavioral disorganization and was forced to be admitted to our institution.
On admission and in the initial phase of hospital treatment, the clinical picture is dominated by intense psychomotor restlessness, acoustic hallucinatory experiences, dysphoric-euphoric mood, and uncontrolled verbal and physical aggression towards medical staff and other patients. He was treated with clozapine, which was gradually titrated up to 600 mg daily, with benzodiazepine support (lorazepam 10 mg p.d.) without significant improvement, medical sedation, and lithium salts were introduced into the therapeutic protocol.
Results: Immediately afterward, psychomotor inhibition occurs, accompanied by somnolence, mild hypotension, sinus tachycardia, and subfebrile temperatures, without signs of muscle stiffness. Lab. analysis of CpK 628, other findings within reference values. Excluded psychopharmaceuticals from the therapeutic protocol, introduced detox. procedures and III generation cephalosporins, after which the patient's condition stabilizes.
Conclusions: It is important to bare in mind the possibility of NMS in patients with concomitant use of clozapine and lithium

Disclosure of Interest: None Declared

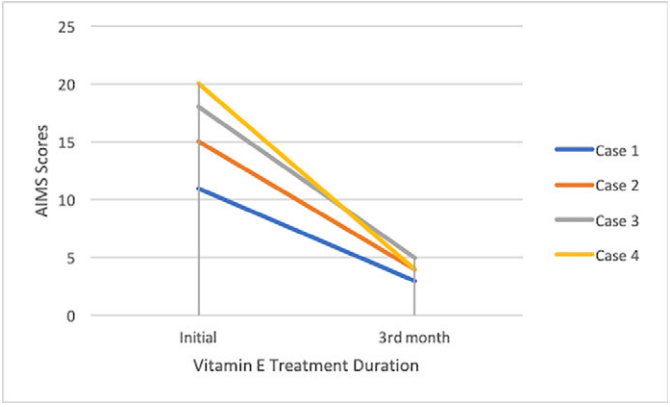
EPV0828

Treatment of tardive dyskinesias with vitamin E: A case series

B. Senol*, F. N. Akarca, R. N. Ekinci and E. Goka

Psychiatry, Ankara City Hospital, Ankara, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.2132

Introduction: Tardive dyskinesia is usually persistent, irreversible involuntary movement of the tongue, lips, face, trunk and extremities in patients taking long-term dopaminergic antagonist drugs. Although it is mostly associated with the use of neuroleptics, cases of tardive dyskinesia existed before the discovery of these agents. Patients with schizophrenia and other neuropsychiatric disorders are particularly at risk for tardive dyskinesia because they are exposed to neuroleptics and anticholinergic agents for longer periods than healthy individuals. Free radicals are thought to be probably involved in the pathogenesis of tardive dyskinesia. Vitamin E is a fat-soluble antioxidant, and it is thought to be effective in the treatment of antipsychotic-associated tardive dyskinesia, as it has a cytotoxic free radical-binding effect.
Objectives: In this poster presentation, it was aimed to evaluate the clinical results of the treatment of tardive dyskinesia with high-dose vitamin E in four inpatients with serious mental illness and long-term antipsychotic use. In addition, the treatment of tardive dyskinesia will be discussed in the light of current literature data.
Methods: In the case report, there are three patients with schizophrenia and one with mild mental retardation. They were treated with 1600 IU of vitamin E per day. The patients continued their vitamin E treatment for 90 days. The severity of tardive dyskinesia of the patients was measured by Abnormal Involuntary Movement Scale (AIMS).
Results: At the end of the 90 day treatment, the AIMS measurements of the subjects decreased 72,7%, 73,3%, 72,2% and 80% respectively.
Image:



Conclusions: In our clinic, we observed that patients using long-term typical antipsychotics were prescribed antipsychotics in unindicated situations or in high doses, patients with high risk for tardive dyskinesia were not taken into consideration when planning treatment, and we encountered cases of tardive dyskinesia despite the widespread use of atypical antipsychotic drugs in hospitalized patients. The use of benzodiazepines is restricted especially in elderly individuals due to their side effects and the risk of addiction in long-term use. Although the clinical importance of vitamin E is unknown, it is preferred because it can be used with a low risk of side effects, considering that it can prolong bleeding time. Although the results of a review of tardive dyskinesia treatment do not suggest that vitamin E reliably improves tardive dyskinesia symptoms, our experience shows that patients benefit from vitamin E treatment. In this regard, there is a need for studies that will be conducted with a large sample and compare the effectiveness of vitamin E with the treatments known to be effective in tardive dyskinesia.

Disclosure of Interest: None Declared