

Introduction: Hydroxychloroquine, an antimalarial drug, is an important therapeutic tool in the management of rheumatic diseases such as Systemic Lupus Erythematosus (SLE) due to its anti-inflammatory action. SLE is a chronic autoimmune inflammatory disease that affects the connective tissue of multiple organs. Neuropsychiatric disturbances in SLE are common; however, lupus psychosis is rare, occurring in 2 to 11% of patients. The literature has described the emergence of neuropsychiatric symptoms as an adverse effect of hydroxychloroquine use, with some patients experiencing clinical depression, anxiety, suicidal ideation, and psychotic symptoms.

Objectives: The aim of this work is to review the available evidence regarding neuropsychiatric symptoms secondary to the use of hydroxychloroquine.

Methods: The case of a 50-year-old woman diagnosed with SLE, with no other relevant medical history, has been evaluated. She was brought to the emergency department due to paranoid and persecutory ideas, as well as self-referentiality, coinciding with the introduction of hydroxychloroquine in her treatment. She was admitted to the University Hospital of Gran Canaria Doctor Negrín with a diagnostic orientation of a first psychotic episode.

Results: The presence of neuropsychiatric symptoms in patients diagnosed with SLE is so common that they constitute a diagnostic criterion for the disease. On the other hand, the medications used for therapeutic management of this disease can lead to the emergence of new neuropsychiatric symptoms or exacerbate preexisting neuropsychiatric clinical manifestations.

Conclusions: The study of this case highlights the challenges in establishing a differential diagnosis between primary SLE symptoms that require an increase in hydroxychloroquine and those caused by its own treatment. It underscores the need for further studies to explore the risk of psychiatric symptoms associated with the use of hydroxychloroquine, as well as its impact on the course of underlying mental disorders.

Disclosure of Interest: None Declared

EPV0971

Clinical experience with once-monthly risperidone ISM in a mental health center. A retrospective study.

A. Merino Iglesias*, N. Rodríguez Ortega, L. Montero Quer and M. R. Rodríguez Campos

Psychiatry, Hospital Universitario de Fuenlabrada, Madrid, Spain

*Corresponding author.

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Introduction: Long-acting injectable antipsychotics have undergone a great development in recent years, becoming useful tools to facilitate therapeutic adherence. Once-monthly risperidone ISM is a new way of treatment which has been commercialized in Spain since September 2022.

Objectives: In this study we will analyze our clinical experience with this treatment, especially in terms of tolerance and efficacy, during its first year of widespread use.

Methods: Longitudinal retrospective study of monthly risperidone users in a mental health center in the Autonomous Community of Madrid (Spain), between September 2022 and September 2023.

A sample of 13 patients was selected, collecting both sociodemographic (age, gender) and clinical variables (diagnosis, dose, time elapsed, number of hospital readmissions, adverse effects and monotherapy or combined use). A descriptive analysis of the collected data was then carried out.

Results: Monthly risperidone was used in 13 patients: 15% (n=2) were women, and 85% (n=11) were male. The mean age of the patients was 43.6 years. The most frequent diagnosis of these patients was “psychotic disorders” (84,6%, n= 11), with other diagnoses such as schizoaffective disorder (7,7%, n=1) and obsessive compulsive disorder (7,7%, n=1).

The doses used of risperidone were 100mg every month in 61,5% of patients (n=8) and 75mg in 38,5% of patients (n=5). The mean time since the first administration was 4.35 months.

Concerning monotherapy, 84,6% (n=11) of patients on monthly risperidone were on antipsychotic monotherapy, while 15,4% (n=2) required more than one antipsychotic. Among the switches made to monthly risperidone, 69,2% (n=9) were previously treated with oral risperidone, 15,4% (n=2) were treated with once-biweekly risperidone long-acting injectable, 7,9% (n=1) with oral paliperidone and 7,9% with aripiprazole monthly injectable.

During the study period, hospital readmissions for psychiatric decompensations occurred in one patient (7,9%, n=1), while the rest of the patients (92,1%, n=12) did not present decompensations that required psychiatric admission.

Moderate or severe effects occurred in one patient (7,9%, n=1), in the form of acute dystonia, which led to the interruption of injectable treatment. The rest of the patients (92,1%, n=12) did not present severe adverse effects. Minor adverse effects appeared in 3 patients (25%); these adverse effects were already present in the previous treatment with oral risperidone and did not condition the suspension of the treatment.

Conclusions: In the sample analyzed, once-monthly Risperidone ISM had reasonable tolerance levels. Also, it's shown to be effective in preventing psychotic decompensations and hospital admissions. Therefore, this new injectable of monthly risperidone represents a therapeutic alternative to consider in order to guarantee therapeutic adherence and improve the quality of life of patients with psychotic symptoms.

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EPV0972

Psychometric assessment of patients with treatment-resistant schizophrenia

V. Kaleda* and D. Tikhonov

Mental Health Research Centre, Moscow, Russian Federation

*Corresponding author.

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Introduction: Treatment-resistant schizophrenia (TRS) is one of the most pressing issues in the field of treatment and research of psychotic disorders. The pronounced decline in social and professional functioning in this group of patients as well as high costs of therapy determine high interest in TRS. This is a part of an ongoing study on the clinical and biological features of TRS.

Objectives: The aim of this study is to identify the leading symptoms in patients with TRS.

Methods: Using the Personal and Social Performance Scale (PSP), Positive and Negative Syndrome Scale (PANSS) and Calgary Depression Scale for schizophrenia (CDSS), 30 male patients (age 28.99 ± 8.08 years) diagnosed with paranoid schizophrenia (F20.0) were examined. All patients had persistent productive symptoms and met the criteria for TRS. The average daily doses of antipsychotics in chlorpromazine equivalent were 1382.07 ± 897.15 mg/day. The average age of onset of the disease was 19.52 ± 5.97 years, the average disease was 9.47 ± 7.61 years.

Results: The average scores were: on the PSP scale: 46.05 ± 9.17 , on the CDSS scale 8.10 ± 4.53 , on the PANSS positive symptoms subscale - 21.52 ± 4.24 , on the PANSS negative symptoms subscale - 24.67 ± 4.42 , on the general psychopathology subscale PANSS - 45.62 ± 6.11 . Positive symptoms were represented mainly by delusions (P1, 4.14 ± 0.85 points) and hallucinations (P3, 4.10 ± 1.76 points). Blunted affect (N1, 4.29 ± 0.56 points) and emotional withdrawal (N2, 3.67 ± 0.73 points) predominated among negative symptoms, while the least prominent negative symptom was poor rapport (N3, 3.24 ± 0.94). The most pronounced general psychopathology symptoms were depression (G6, 4.00 ± 1.10) and lack of judgment and insight (G12, 4.05 ± 0.92). The total score on the PANSS was 91.81 ± 12.40 .

Conclusions: The CDSS score indicates a high incidence of depressive symptoms in patients with TRS. A low PSP score reflects poor social functioning. The most common symptoms according to the PANSS are delusions, hallucinations, blunted affect, emotional withdrawal, depression and lack of judgment and insight.

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EPV0973

Delusional parasitosis: the importance of a multidisciplinary approach

M. Calvo Valcárcel, G. Guerra Valera*, M. A. Andreo Vidal, O. Martín Santiago, M. Lorenzo Hernando, M. P. Pando Fernández, P. Martínez Gimeno, M. D. L. Á. Guillén Soto, B. Rodríguez Rodríguez, N. Navarro Barriga, M. Fernández Lozano, M. J. Mateos Sexmero, C. De Andrés Lobo, M. D. C. Vallecillo Adame, T. Jimenez Aparicio, A. Monllor Lazarraga, M. Ríos Vaquero, L. Rojas Vázquez, L. Sobrino Conde, A. Aparicio Parra and G. Lorenzo Chapatte

Psychiatry, Hospital Clínico Universitario de Valladolid., Valladolid, Spain

*Corresponding author.

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Introduction: Delusional parasitosis, also known as delusional infestation or Ekbom's syndrome, is a rare psychotic disorder characterized by the false belief that a parasitic skin infestation exists, despite the absence of any medical evidence to support this claim. These patients often see many physicians, so a multidisciplinary approach among clinicians is important. Many patients refuse any treatment due to their firm belief that they suffer from an infestation, not a psychiatric condition, so it is crucial to gain the trust of these patients.

Objectives: The comprehensive review of this clinical case aims to investigate Ekbom syndrome, from a historical, clinical and therapeutic perspective.

Methods: Literature review based on delusional parasitosis.

Results: A 65-year-old woman comes to the psychiatry consultation referred by her primary care physician concerned about being infested by insects that she perceives through scales on her skin for the last three months. She recognizes important impact on her functionality. She is also convinced that her family is being infected too. As psychiatric history she recognizes alcohol abuse in the past (no current consumption) and an episode of persecutory characteristics with a neighbor, more than ten years ago. On psychopathological examination, she shows delusional ideation of parasitosis, with high behavioral repercussions, cenesthetic and cotariform hallucinations, as well as feelings of helplessness and anger. Treatment with Pimozide was started and the patient was referred to dermatology for evaluation, a plan she accepted. Her primary care physician and dermatology specialist were informed about the case and the treatment plan. In the recent reviews, the patient is calmer, however, despite the corroboration of dermatology and in the absence of organic lesions in cranial CT, she is still unsatisfied with the results, remaining firm in her conviction of infestation. It was decided to start treatment with atypical neuroleptics (Aripiprazole), with progressive recovery of her previous functionality.

Conclusions: Despite the increase in the number of studies in recent years, there are still few studies on this type of delirium. The female:male ratio varies in the bibliography (between 2:1 and 3:1). The onset is usually insidious, generally appearing as a patient who comes to his primary care physician convinced of having parasites in different skin locations. It is usual to observe scratching lesions or even wounds in search of the parasite. In the past, the most used and studied treatment was Pimozide. Currently the treatment of choice is atypical neuroleptics due to their lower side effects. The latest reviews on the prognosis of this disorder show data with percentages of complete recovery between 51% and 70%, and partial responses between 16.5% and 20%. Finally, for a good diagnosis and therapeutic management, it is important to achieve a multidisciplinary approach.

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From positive projection to delirium. About a case

M. V. Barea*, L. S. Rodriguez and S. C. Bailen

SAS, Jaen, Spain

*Corresponding author.

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Introduction: Erotomania, was described in 1942, is more common in women than in men, although the incidence is unknown. This syndrome is usually characterized by a young woman with the illusion that a man whom she considers to be of a higher social or professional position is in love with her. Developing an elaborate delusional process about this man, his love, his pursuit and total commitment to the idea. Two forms, pure or secondary, are described. As well as fixed or recurring
52-year-old female patient in outpatient follow-up with a diagnosis of schizophrenia with long-term follow-up, start of follow-up by a