

these drugs in the triggering of psychiatric pathology, being an aspect to be considered by psychiatrists in their patient's follow-up.

Disclosure of Interest: None Declared

EPV0913

Relation between stressful life events and psychosis

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Introduction: Numerous studies establish clear connections between traumatic childhood experiences and the risk of developing psychosis. According to the study carried out by Filippo Varese, childhood traumas, understanding by; physical, psychological or sexual abuse, abandonment, death of the parent and "bullying", increase up to three times the risk of suffering from psychosis.

Objectives:

- Determine the prevalence of traumatic events in the sample studied.
- Determine which traumatic event has a greater relationship with the risk of presenting a psychotic episode.
- To determine whether traumatic events may be more strongly associated or not with gender differences, age at onset and family story.

Methods: A descriptive study is carried out in which the traumatic events are evaluated (through the CAVE questionnaire) of 98 patients who have been treated for a psychotic episode in the last two years in the Early Intervention Unit for Psychosis (ITPCan).

The stressful life history questionnaire (CAVE) consists of 52 questions divided into blocks: school stage, work, partner, family, health and other stressful events. All of them focused on those stressful events prior to the onset of psychotic symptoms. Stressful events have been considered to be those events in which the patients studied have scored 10 (maximum score) on the anxiety scale.

Inclusion criteria:

- Older than 18 years-old
- Having presented a first psychotic episode.

Exclusion criteria:

- Intellectual disabilities

Results: For now, the data studied in this sample are similar to those described in most of the studies reviewed: more than half of the patients present at least one traumatic event before the onset of psychotic symptoms and a third of these have had any traumatic experience before the age of 18.

The percentage of the presence of at least one traumatic event within the categories of the CAVE questionnaire would be:

14.2% in the school stage

26.7% in the workplace

26% in relationships

24.3% in family relationships

12.1% in events related to the patient's own health problems

Conclusions: We continue to increase the sample to have a more significant result.

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Electroconvulsive Therapy for Neuroleptic Malignant Syndrome: A case report

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Introduction: Neuroleptic malignant syndrome (NMS) is a rare syndrome observed in around 0.2% of psychiatric patients. This syndrome consists of the presentation of muscular rigidity, tachycardia, hyperpyrexia, leukocytosis and elevated levels of CPK. Any antipsychotic drug, including atypical ones, can cause this syndrome. This being an idiosyncratic response to dopamine receptor antagonist medications.

The use of ECT in patients suffering from NMS is very effective, seeing the progressive resolution of the picture in the first sessions.

Objectives: The patient was a 43-year-old man, whose somatic history only highlights hypothyroidism, and according to his psychiatric history, he was diagnosed of mental retardation and paranoid schizophrenia. He was a resident of a group home. And he was recently admitted to a mid-stay psychiatric unit. During this admission, the responsible doctor added haloperidol to his medication regimen. His other medications at the time were; valproic acid, risperidone and trazodone. A few days later, the patient began to present a dysthermic sensation (presenting a temperature of 39°C) and drowsiness. A laboratory tests and a chest X-ray was performed, highlighting: leukocytosis and an increase in elevated creatine phosphokinase (CPK).

Due to his recent exposure to 2 different antipsychotics, with fever, rigidity, and elevated CPK, we considered NMS. Antipsychotics were withdrawn and supportive measures were started. Within the next 2 days, his CPK level began to decline and the fever and leukocytosis resolved. But without resolving muscle rigidity. At the same time, he began to exhibit staring, negativism and prejudice delusions. Therefore, electroconvulsive therapy sessions were started.

Methods:

Results: After the third session, his catatonic symptoms increased to better; he became more verbal, with less negativism and the psychotic symptomatology ceased. After the fifth session of ECT, he returned to his initial level and was able to walk to the bathroom without assistance and perform other activities of daily living.

Conclusions: It is extremely important that professionals specialized in psychiatry become familiar with ECT and consider this technique as treatment in cases of neuroleptic malignant syndrome.

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