

disk ratio, irrespective of any underlying somatic comorbidities. Our data shows worsening of attention flexibility in association with the increase of cup-to-disk ratio in patients with schizophrenia spectrum disorders. The significance of cup-to-disk retinal disturbance in schizophrenia spectrum disorders and its connection with cognitive performance should be further evaluated and supplemented with measurements of functional adaptation in these patients.

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EPP0456

Schizo - obsessive disorder - separate clinical entity or elusive comorbidity? - a systematic review

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Introduction: In some clinical scenarios obsessive and delusive symptoms exhibit several similarities, making it challenging to differentiate between schizophrenia spectrum disorder (SSD) and obsessive-compulsive disorder (OCD). There are numerous reports of patients suffering from those disorders and manifesting both psychotic and obsession-like features, which makes accurate distinction even more complicated. We found several conflicting theories attempting to elucidate this overlap, one being the existence of the separate clinical entity - schizo-obsessive disorder.

Objectives: The aim of this study is to consolidate current knowledge, synthesize existing theories and explore diagnostic implications.

Methods: We conducted a systematic literature review following the PRISMA protocol, we scrutinized studies addressing obsession-like symptoms in SSD, psychotic symptoms in OCD, and comorbidity of those disorders. We included peer-reviewed non-interventional studies published in English and Polish from 2013 onwards. The search was performed in the following medical databases: PubMed, Science Direct, Scopus, and Web of Science. Synthesis utilized a narrative approach due to diverse study designs, outcomes and observational nature of the collected data.

Results: We identified several dozen articles, which revealed a range of diverse findings, often inconclusive, and occasionally conflicting. Although, the collected data indicate the schizo-obsessive spectrum exhibits clinical relevance.

Conclusions: The ambiguity in results emphasizes the necessity for further investigations into pathomechanism of schizophrenia and OCD. Future research, particularly involving children and adolescents, should strive for a comprehensive understanding of the nuanced manifestations of obsessive-like and psychotic symptoms in both disorders, aiding in refining diagnostic criteria and developing effective intervention strategies.

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EPP0457

Psychosis following traumatic brain injury: A case study and a brief overview

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Introduction: Psychosis resulting from traumatic brain injury (TBI) is a relatively uncommon but potentially severe and disabling outcome. The complex relationship between TBI and the onset of psychosis is marked by significant scientific uncertainty and differing opinions.

Objectives: To investigate the occurrence of psychosis following traumatic brain injury (TBI) and explore the intricate relationship between TBI and the development of psychosis.

Methods: A comprehensive case report was conducted on a 38-year-old patient who, after a severe TBI at the age of 23, exhibited signs of psychosis. Developmental history, family background, clinical assessments, magnetic resonance imaging (MRI), and electroencephalogram (EEG) results were analyzed.

Results: The patient, at the time of writing aged 38, was born at full term with a regular presentation and uneventful delivery, with no indications of perinatal or obstetric complications. Developmentally, he reached all milestones within the expected range, and there were no significant premorbid characteristics. There was no family history of schizophrenia in a first- or second-degree relative; a paternal cousin had had psychosis-like symptoms, but reportedly remained well without any medication.

At the age of 23, the patient was knocked from his motorcycle by a car and sustained a severe traumatic brain injury (TBI), with initial loss of consciousness and was in a coma state for approximately a month, with later sequelae of cerebellar syndrome and predominant right-sided pyramidal syndrome.

Magnetic resonance imaging (MRI) a year following the TBI showed sequelae of bifrontal and temporal contusion lesions.

An EEG did not indicate any evidence of epilepsy, and a repeat EEG 14 years later revealed no diagnostic abnormality.

A year after the accident, his surroundings have noticed social withdrawal, a turning inward with a religious fervor, and persecutory remarks focused on his brother. At the age of 26, he presented to a psychiatric service having auditory hallucinations. He was deluded, believing himself to be a prophesied redeemer figure who is expected to appear and bring justice and righteousness to the world. He had an inappropriate affect. A diagnosis of schizophrenia was made, and neuroleptics prescribed. His auditory hallucinations faded, but the subsequent course was of repeated episodes of florid psychosis requiring maintenance neuroleptic treatment, eventually haloperidol decanoate (150mg monthly).

Conclusions: Psychosis following TBI is an uncommon yet potentially severe consequence, carrying the risk of significant debilitation. The relationship between TBI and psychosis is complex, but notable distinctions exist in clinical, epidemiological, and neurobiological aspects when compared to primary psychotic disorders.

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