

abuse that occurred 10 days ago. She was hit, insulted and detained for 2 days by her parent's friends. Abuse reported to social services and judicial authorities. All laboratory and neurologic examinations performed to exclude an organic pathology. No pathologic results founded. Olanzapine 5 mg/day and lorazepam 0.5 mg/day started and titrated to 30 mg/day and 3.75 mg/day doses. Biperiden 4 mg/day started due to extrapyramidal side effects. A significant improvement observed about her catatonic and positive psychotic symptoms but she still had acute stress disorder symptoms. Trauma-focused cognitive-behavioral therapy added to her treatment. Family-based interventions examined for CM. She discharged in full remission after eight weeks of hospital stay. Lorazepam dose reduced and stopped before discharge.

**Conclusions:** Neurobiological models are trying to enlight the association between experiencing highly stressful or traumatic events, such as child abuse, may impact on later expression of psychotic disorders by increasing stress sensitivity to later adversity (Fares-Otero *et al.* 2023). This case underscores the potential of acute traumatic stress to precipitate severe psychiatric disorders, including catatonia. It highlights the importance of comprehensive clinical evaluations and the inclusion of trauma history in children presenting with acute psychiatric symptoms. The findings advocate for the integration of trauma-focused interventions in the treatment of similar cases. Further research is needed to understand the pathophysiological mechanisms underlying this association and to develop effective treatment strategies for this vulnerable population.

**Disclosure of Interest:** None Declared

## EPV0917

### Long – acting injectable aripiprazole in patients with psychosis is associated with improved quality of life, better general clinical outcome and fewer hospitalizations

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**Introduction:** Aripiprazole, a D2 receptor partial agonist is suggested to enhance Prefrontal Cortex (PFC) dopamine functioning resulting to an improvement of working memory and GABA transmission related to social functioning. The LAI form of the medication is documented to improve the long-term adherence of the patients resulting in a better assessment of the effects of the drug on behavioral parameters that require a longer time to evaluate.

**Objectives:** Hypothesis testing: “Aripiprazole LAI antipsychotic treatment is associated with i) reduced hospitalizations, ii) improved quality of life and iii) patient functioning”.

**Methods:** 65 patients participated (Male to Female ratio corresponds to 2:1). 44 of them, the community population manifested psychosis (23 schizophrenia and 21 patients bipolar disorder with psychotic features). The median age was 41 years. 31.8% had dual diagnosis of psychosis and alcohol use disorders, while 25% had dual diagnosis of psychosis and Cannabis Use disorder. 77.3% were on aripiprazole LAI. 21 patients with BD I were prisoners at the Penitentiary of Neapolis of Lasithi of Crete. Median age was 36 years (all men). 90.5% had comorbidity of bipolar disorder type I (BD-I) and alcohol use disorders. 95.2% had comorbidity of BD – I and Cannabis Use Disorder. All were medicated by aripiprazole LAI 400mg/month. For the evaluation of our hypotheses the instruments WHOQOL-BREF questionnaire and the CGI-S scale were used. The quality of life, functionality, and number of hospitalizations were compared in each patient, before the initiation of the LAI medication and during the active treatment period. The minimum of follow-up period was 6 months.

**Results:** In 44 patients (in community) hospitalizations decreased statistically significantly from 1.3±1.9 to 0.1±0.4 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). The CGI-S score decreased statistically significantly from 6.0 ±0.8 to 4.0±1.1 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). The score of the WHOQOL-BREF scale increased statistically significantly from 0.5 ± 0.5, to 2.9 ± 0.8 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). For the group of 21 patients (imprisoned) hospitalizations decreased from 0.6 ± 1.8 to 0.0 ± 0.0 (Paired Samples Wilcoxon Signed Rank Test p-value=0.066). The CGI-S score decreased statistically significantly from 5.3 ± 0.8 to 3.2 ± 1.3 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). The quality-of-life scale score increased statistically significantly from 0.9 ±0.6 to 3.09±0.7 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001).

**Conclusions:** Aripiprazole LAI significantly improves the quality of life and functionality of patients with psychosis. We suggest that the improvement might be related to the beneficial effects of the molecule on the Prefrontal Cortex (PFC).

**Disclosure of Interest:** None Declared

## EPV0918

### Addressing negative symptoms of schizophrenia in a Psychosis Day Hospital: a case report

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**Introduction:** Negative symptoms are present in more than two thirds of schizophrenic patients throughout the evolution of the disorder. These include symptoms related to reduced motivation or pleasure, such as avolition, anhedonia and asociality, and reduced expressivity, including alogia and blunted affect.

We present the case of a 24-year-old man who was admitted to our Psychosis Day Hospital after several psychotic episodes, presenting