

P01-352 - **SCHIZOPHRENIA-LIKE ALCOHOLIC DEMENTIA OR DEMENTIA PRAECOX? CASE REPORT**

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Introduction: A clear distinction between schizophrenia and some clusters of dementia is sometimes difficult to do in clinical practice.

Case report: A 38-years-old-male patient, with history of alcohol dependence, was admitted in our unit for generalized tremor, sweating, agitation, auditive, visual and cenestestic hallucinations, thought broadcasting and persecutory delusion. Agitation and the vegetative symptoms gradually subsided within 48 hours. Lab work showed no clinically significant changes. EEG and EKG were normal. MRI showed augmented cortical encephalic sulci. 5 days after the admission 10 mg of olanzapine was prescribed due to psychotic symptoms persistence. Haloperidol was stopped. A gradually improvement occurred and 26 days after the admission the patient was discharged home asymptomatic. Neuropsychological testing revealed severe fronto-temporal cognitive defect suggestive of alcoholic dementia.

Discussion: The difficulty to clearly distinct schizophrenia from some dementias may be because, as Kraepelin stated in the 19th century, schizophrenia is itself a form of early dementia. His concept of dementia praecox is supported nowadays by the knowledge acquired from several neuropsychological and neuroimaging tests that a progressive cognitive deterioration appears to occur in schizophrenic patients.