

determining clinical parameters and activity of platelet enzymes of energy, glutamate, and glutathione metabolism.

**Methods:** 27 women of 45-80 years old were studied, with late onset schizophrenia or delusional disorder. Activity of platelet cytochrome *c*-oxidase (COX), glutamate dehydrogenase (GDH), glutathione reductase (GR) and glutathione-S-transferase (GST), and scores by PANSS, HAMD, MMSE, and CGI-S were evaluated twice: before and after the 28-th day of treatment. Activity of COX, GDH, GR, and GST was measured once in 23 women of 44-81 years old comprising the control group.

**Results:** As compared with controls, only GDH activity was found significantly decreased (before and after treatment,  $p < 0.001$ ). Clusterisation of patients by enzymatic activities resulted in 3 clusters significantly different by COX, GDH and GST. Significant correlations were found between enzymatic activities and scores by psychometric scales: in the cluster 1 ( $n=9$ ) baseline COX activity correlated with scores by PANSS positive subscale ( $R=0.9$ ,  $p=0.001$ ) and with scores by MMSE ( $R=-0.9$ ,  $p=0.002$ ); in the cluster 2 ( $n=12$ ) GR activity after treatment negatively correlated with scores by PANSS ( $R=-0.9$ ,  $p=0.001$ ), PANSS negative subscale ( $R=-0.8$ ,  $p=0.004$ ), and CGI-S ( $R=-0.9$ ,  $p=0.001$ ).

**Conclusions:** The revealed correlations between enzymatic activities and clinical parameters give hope on detection of useful biochemical markers which, after enlargement of patients' group with late onset psychotic disorders, would be validated for prediction of the pharmacotherapy efficiency and outcome of treatment.

**Disclosure:** No significant relationships.

**Keywords:** glutamate dehydrogenase; glutathione reductase; glutathione-S-transferase; late onset schizophrenia

### EPV1369

#### First episode-psychosis: Short- and long-term outcomes and related features predicting the transition to schizophrenia

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**Introduction:** The occurrence of a first episode-psychosis in adolescents or young adults represents a difficult struggle with an uncertain and divergent outcome, since the clinician does not have at his disposal the clinical elements sufficient to predict these different disease trajectories.

**Objectives:** Our aims are to describe the socio-demographic, clinical characteristics and the short and long-term outcomes of a first episode-psychosis and to identify the predictive factors of the transition to schizophrenia.

**Methods:** We conducted a retrospective study about 117 patients hospitalized for a first episode-psychosis in the Psychiatric Department of Monastir (Tunisia). Sociodemographic and clinical features were collected using a pre-established form.

**Results:** First-episode psychosis affected young male subjects with low educational level. Stressors were present in 54.7%. An 8-week prodromal phase preceded the onset of the disorder in 59%. The

disorder course included diagnosis of: Brief psychotic disorder (32.5%), schizophrenia (31.6%) and bipolar disorder (18.8%). The short-term outcome was characterized by a complete remission rate of 58.1% at 3 months and 37.6% at 6 months. The long-term outcome was marked by a high rate of lost to follow-up: 70.8% after 5 years. The transition to schizophrenia was linked to the presence of delirium of influence and the absence of favorable course at 3 months.

**Conclusions:** Our results led to the identification of the profile of patients with a first episode-psychosis and the factors correlated with a diagnosis of schizophrenia. Indeed, the determination of risk factors would make it possible to adapt earlier the care.

**Disclosure:** No significant relationships.

**Keywords:** First-episode psychosis; schizophrenia; risk factors; outcome

### EPV1370

#### Folie en Famille: A Case Report of Shared Delusory Parasitosis

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**Introduction:** Delusional parasitosis, first documented in 1946, is a rare psychiatric illness described as both a stand-alone diagnosis, as well as a secondary condition to an underlying psychiatric or medical pathology, or substance use. Interestingly, the fixed false belief of being infested has also been identified in partners of individuals with the disease, and in some cases the delusion permeated families and was thus given the name "folie en famille".

**Objectives:** To describe the first reported case of delusional disorder, somatic type, with similar delusional symptoms in the patient's husband, in the State of Qatar.

**Methods:** Patient and her husband were interviewed. Her file was reviewed for past history and medications.

**Results:** 34-year-old female with no past psychiatric history, 5 months post-partum, reported fixed beliefs of insect infestation in her baby's skin, hers, and her husband's, of 2 months duration. She reports a pruritic rash, and perceives proliferating insects in different life stages. The family relocated 5 times in 2 months. They bathe in vinegar several times a day to exterminate the insects. Husband mirrors her account of infestation with milder symptoms. Repeated medical investigations were insignificant. OCD, mood disorder, and other psychotic illnesses were ruled out.

**Conclusions:** Delusional parasitosis presents a unique therapeutic challenge to psychiatrists. It is necessary to build rapport with patients, rule out comorbidities, and conduct randomized controlled trials to evaluate the effectiveness of psychotropic drugs in its treatment. In cases of shared delusions, identifying the primary patient is crucial for treatment of all the individuals that share the delusion.

**Disclosure:** No significant relationships.

**Keywords:** ekbom syndrome; Shared delusional disorder; Delusional parasitosis; folie en famille