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Impressive Response with Brexpiprazole in Ekbohm's syndrome

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doi: 10.1192/j.eurpsy.2022.2054

Introduction: Antipsychotics are the mainstream treatment of delusional disorder. However, limited therapeutic effect was recognized due to side effect and lack of insight.

Objectives: This article presents a case with Ekbohm's syndrome, also known as delusional parasitosis, who has significant response with Brexpiprazole.

Methods: A 58-year-old female developed her very first episode of psychosis 3 weeks before she visited our emergency department. Delusion of spiders laying eggs and bitsy spiders crawling over her body was claimed, followed by depressed mood and insomnia. The patient denied any substance use in recent months. Examination including biochemical studies, complete blood count, vitamin, and endocrine during admission were all normal. Brain image revealed senile cortical atrophy without apparent acute infarction. Cognitive abilities screening instrument (CASI) revealed total score 75, indicating borderline cognitive function. Ophthalmologist and dermatologist were consulted, and no specific abnormality was found.

Results: Brexpiprazole 2mg was prescribed. After 3 weeks of treatment, the delusion improved with less parasitosis content. We discharged the patient, and kept following her at outpatient department with Brexpiprazole 2mg for 2 months. We tried to taper Brexpiprazole to 1mg at clinic, but her delusional parasitosis relapsed within 1 month. Therefore, we titrated the medication back to 2mg, and kept some dosage for 4 months. No more relapse of psychosis or significant movement dysfunction was observed. The total treatment course was 7 months.

Conclusions: Brexpiprazole, with its D2 partial agonism, shows impressive antipsychotic effect to Ekbohm's syndrome. Little side effect was observed in clinical practice, making Brexpiprazole a worth-trying psychopharmacological management of delusional parasitosis.

Disclosure: No significant relationships.

Keywords: Antipsychotics; Brexpiprazole; Delusional parasitosis; Ekbohm's syndrome

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Cycloid psychosis - from the past to the future: based on a case report

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doi: 10.1192/j.eurpsy.2022.2055

Introduction: The concept of cycloid psychosis has a long tradition in European psychiatry since it was introduced by Kleist in 1926. Nevertheless, this concept is not included explicitly in modern classifications, leading to a controversial discussion about its utility in current psychiatry.

Objectives: Starting from a case study, we intend to review the evolution of cycloid psychosis concept and analyze its role in modern psychiatry.

Methods: Non-systematic review of the literature and report of a case study.

Results: Following Kleist's work, Leonhard described the three overlapping subtypes, and later Perris developed the first operational diagnostic criteria. Since then, this entity has shown a high diagnostic stability, validity and a good predictive diagnostic and prognostic value. We report a case of a 30-year-old woman, previously healthy, without regular medication, living with her parents and 5-year-old son, until she emigrated alone to Switzerland. After 10 days abroad, she was sent back to Portugal, and after organic disease and drug misuse exclusion, she was admitted in our inpatient ward with a clinical picture of perplexity, anxiety, thinking and behavioral disturbance with persecutory and poisoning delusions, auditory hallucinations, and total insomnia. Following rapid and full recovery, she was discharged 14 days later while being medicated with Paliperidone 3 mg/day and Lorazepam 4 mg/day, which was abandoned by her 2 months later, without relapse of the symptoms.

Conclusions: The current lack of a satisfactory system for categorizing acute, and remittent psychoses seems to be reason enough to remain awareness of this unique diagnostic entity, which is worthy of further investigation.

Disclosure: No significant relationships.

Keywords: cycloid psychosis; brief psychotic disorder; Acute and transient psychotic disorder; atypical psychosis

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The Navigate First Psychosis Program: A balance between the medical and recovery models in the debate about long term prophylactic antipsychotics. Mission Impossible?

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doi: 10.1192/j.eurpsy.2022.2056

Introduction: First psychosis programs have been developed during the past 30 years to influence the prognosis of a first psychotic episode by early integrative biopsychosocial interventions, with a focus on the processes that contribute to relapse. In the process of recovery, Navigate program emphasis on enabling a connection to what is important to the person (work, studies, relationships, intimacy), thus strengthening resiliency and quality of life and reducing self-stigma. Medication is part of any intervention program, however, there is a lot of ambivalence amongst the young person and family about its continuation and many will stop the medication altogether. Moreover, although evidence for the benefits of antipsychotic medication in short-term treatment is well established, there is an ongoing debate in the professional medical literature about the need and benefit of routine prophylactic long-term antipsychotics after first psychotic episode. There is also a significant uncertainty concerning the proportion of patients that will maintain remission without antipsychotics.

Objectives: In this lecture, we will present some of the lessons that we have learned and are still learning from our clients, together with case examples.