

either a decrease/increase in behavior (locomotion, aggression, sociability, circling behavior, and memory deficits), which is why additional studies are mandatory.

Disclosure of Interest: None Declared

EPP0648

Prolactin levels and aggressive behaviour in men with Schizophrenia

I. Bouguerra*, E. Khelifa, A. Adouni, Y. Sellaouti, H. Abaza, H. Ben Ammar and L. Mnif

F psychiatry departement, Razi Hospital, Mannouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.946

Introduction: Recent studies find a high level of prolactin in naive patients with consequences on their behavior. These results have shed light on new etiopathogenic avenues in schizophrenia and suggested new preventive approaches.

Objectives: The objective of our work was to investigate the links that may involve prolactin levels to aggressive behavior in patients followed for antipsychotic-naïve schizophrenia or in therapeutic discontinuation.

Methods: We conducted a one-year descriptive and cross-sectional study of thirty male patients hospitalized for a treatment-naïve psychotic relapse or who had been discontinued for more than two months. These patients were assessed using a questionnaire as well as the Overt Aggression Scale (OAS). A blood sample was taken to specify the prolactin level.

Results: Eleven patients were aggressive (37%). Seven patients (23%) had hyperprolactinemia. Hyperprolactinemia was also inversely associated with aggression since inversely significant correlations were objectified for prolactinemia and respectively the OAS score and the verbal aggression subscore ($Rho = -0.391$; $p = 0.033$) and ($p = 0.016$, $Rho = -0.438$). The score of aggressiveness towards others also evolved inversely to the prolactin level with a p close to significance ($p = 0.056$).

Conclusions: Our results support the hypothesis of a probable action of prolactin as a protective factor against aggression. High prolactin levels may therefore represent a diagnostic lead for a particular profile of a certain patient group with a particular course. However, this subject is still unresolved in the literature and future studies seem necessary.

Disclosure of Interest: None Declared

EPP0649

Prolactin and Family Psychiatric History in Schizophrenia

I. Bouguerra^{1*}, E. Khelifa¹, A. Adouni¹, S. Sdiri¹, H. Abaza², H. Ben Ammar¹ and L. Mnif¹

¹F psychiatry departement and ²Razi Hospital, Mannouba, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.947

Introduction: Schizophrenia is a chronic and multifactorial mental disorder. Research suggests the presence of an abnormality in prolactin secretion during the genesis of the disease and at the same time, the involvement of genetics in its pathogenesis has long been the demand of researchers in the field of genetics since familial forms of schizophrenia have been observed.

Objectives: The objective of this study was to describe the prolactin profile and to study its relationship to the patients' family history of psychiatric illness.

Methods: This was a descriptive, cross-sectional study of thirty male patients hospitalized for a psychotic relapse who were naïve or discontinuing treatment for at least two months. Patients were assessed using a semi-structured questionnaire. A blood sample was taken to measure levels of prolactin.

Results: The age ranged from 17 to 56 years. Most patients had a family medical history. Twenty patients (66%) had a family psychiatric history of schizophrenia (56%), mental retardation (3%), personality disorder (3%) and schizoaffective disorder (3%). Prolactin levels ranged from 0.5 to 45.67 ng/mL with a mean of 14.03 ng/mL. Seven patients (23%) had hyperprolactinaemia. All patients with hyperprolactinaemia had a family history of psychiatry with a statistically significant difference ($p = 0.033$).

Conclusions: Hyperprolactinemia could be one of the "endophenotypes" that reflect a vulnerability to schizophrenia, found in familial forms of the disease. In this context, longitudinal studies on a larger scale and family studies including siblings without schizophrenia should be undertaken.

Disclosure of Interest: None Declared

EPP0650

From "cutaneous anthrax" to "primary delusional infestation"

I. A. Ferreira* and A. Ponte

Psychiatry, Hospital do Divino Espírito Santo, Ponta Delgada, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.948

Introduction: Primary delusional infestation is a rare psychiatric condition in which patients mistakenly believe that their skin or other body parts are infested by small, living organisms, despite the fact that no organisms can be found upon investigation. The delusion occurs concurrently with abnormal cutaneous sensations. Therefore, they typically have a history of prior negative evaluations by dermatologists and general practice physicians. In addition, patients may have also received repeated courses of dermatologic and anti-infective therapies, despite the lack of an objective diagnosis.

Objectives: To describe the clinical case of a patient who suffered from an undiagnosed primary delusional infestation for 12 years.

Methods: Description of a clinical case and a non-systematic review of the literature.

Results: We describe the clinical case of a 65-year-old woman who spent 12 years being evaluated by multiple medical and surgical specialties for the following complaint: "sensation of something moving beneath the skin." At the onset of the complaint, the patient believed that this "strange sensation" was due to a recent tooth procedure. However, as she felt the discomfort not improving, she believed it to be a consequence of a cutaneous *anthrax* infection. Thus, the patient started using tweezers to grasp the living organism