

## EPV0952

**Schizophreniform disorder. Clinical manifestations and diagnosis. Purposely a case**

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**Introduction:** Schizophreniform Disorder is described pretty similar to schizophrenia, but with the difference of the symptoms duration which have to last for at least 1 month but less than 6 months. Patients have to be back at their baseline functional level once the disorder has resolved. This is a heterogeneous group of patients who have either a disorder similar to schizophrenia or something closer to a mood disorder.

**Objectives:** To analyze clinical, psychopathological and epidemiological characteristics of schizophreniform disorder and also review causes, incidence, prevalence, diagnostic, therapeutic tools and the importance of maintaining the treatment, because of the abandonment of the treatment, which is a predictor of relapses.

**Methods:** A review of the main impact literature concerning schizophreniform disorder is done during the last five years: prevalence, incidence, pathogenesis and its relationship with other psychiatric disorders encoded in DSM-V are studied.

**Results:** The etiology is unknown. Psychotic symptoms can be treated with antipsychotics for 3 to 6 months. They usually respond faster than patients with schizophrenia (75% vs 20% respond within 8 days).

**Conclusions:** The disease has a favorable prognosis, and has similarities with mood disorders. However, some data suggest a close relationship to schizophrenia. In support of the relationship with mood disorders, patients have more affective symptoms and a better outcome than patients with schizophrenia.

**Disclosure of Interest:** None Declared

## EPV0953

**'De Novo' Psychosis following anterior temporal lobectomy: A case report**

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**Introduction:** Surgical treatments for people living with epilepsy have the potential to provide patients with an opportunity to achieve relief from seizures, thus improving their quality of life, but they are not free of complications. The psychiatric consequences are a significant concern because of the potential risks; however, psychotic illnesses have not received adequate research compared to anxiety and depression.

**Objectives:** To better identify the psychiatric side effects that can develop following epilepsy surgery, especially psychosis, and to take preventive measures to mitigate its occurrence.

**Methods:** Presentation of a patient's case and reviewing existing literature regarding de novo psychosis following epileptic surgery.

**Results:** The case of interest is a 31-year-old male patient who, or his relatives, has had no history of psychiatric disorders. From age 21, the patient had focal to bilateral seizures, which were preceded by olfactory auras and could occur up to 4-5 times a week and was then diagnosed with epilepsy. In June 2021, the patient underwent a right anterior temporal lobectomy for his medically resistant seizures after a presurgical evaluation and had a notable decrease in the number of seizures, occurring only during periods of sleep every six months. In the fourth month following the operation, the patient began experiencing auditory hallucinations characterized by negative and judgmental voices. After that, he engaged in an aggressive act by holding a knife and assaulting another person in a public area. He was admitted to an inpatient psychiatry service for 12 days with a diagnosis of a psychotic episode. His symptoms significantly improved, and he was discharged with paliperidone 6 mg/daily treatment. After five months, he discontinued the medication, subsequently experiencing a recurrence of auditory hallucinations and aggression. The patient was admitted to the inpatient psychiatric clinic in June 2022 as a result of experiencing paranoid delusions and engaging in a suicide attempt by self-inflicted wrist laceration using a razor blade, which was consistent with the patient's delusional beliefs. Following 13 days of hospitalization, he was discharged with amisulpride 800 mg/daily in addition to his antiepileptic treatment. After 15 months of discharge, he showed no signs of active psychotic features, and his functioning was moderate to good.

**Conclusions:** Current research and reporting of psychiatric outcomes are limited, and the predictive factors and prognosis of psychiatric symptoms in these patients remain obscure. Long-term follow-up is crucial, especially considering the possibility of psychiatric symptoms developing in the months following surgery, as demonstrated by the current case. In addition, preoperative and postoperative assessments may facilitate the management of psychiatric symptoms.

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## EPV0954

**Menstrual Psychosis with Premenstrual Onset: A case presentation**

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**Introduction:** Menstrual psychosis has an acute onset and is characterised by confusion, stupor and mutism, delusions, hallucinations, or a manic syndrome lasting for a brief duration, with full recovery. These symptoms maintain periodicity in rhythm with the menstrual cycle. The symptoms may appear in the premenstrual phase or may begin with the onset of menstrual flow (catamenial