

Part of this improvement could be related with a better efficacy on psychopathology and quality of life.

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#### EV1183

### Catatonic schizophrenia vs anti-NMDA receptor encephalitis – A video case report

A. Ponte<sup>1,\*</sup>, J. Gama Marques<sup>1</sup>, L. Carvalhão Gil<sup>1</sup>, C. Nobrega<sup>2</sup>, S. Pinheiro<sup>3</sup>, A. Brito<sup>3</sup>

<sup>1</sup> Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

<sup>2</sup> Centro Hospitalar Psiquiátrico de Lisboa, Neurology, Lisbon, Portugal

<sup>3</sup> Hospital de Santo António dos Capuchos, Internal Medicine, Lisbon, Portugal

\* Corresponding author.

**Introduction** Anti-N-methyl-D-aspartate receptor (anti-NMDAR) encephalitis is a treatable autoimmune disease of the CNS with prominent neuropsychiatric features that primarily affects young adults and children.

**Objective** To present the diagnosis course of a case of anti-NMDAR encephalitis in a patient with previous diagnosis of Schizophrenia.

**Methods** Analysis of the patient's clinical records and of a PubMed database review, using "anti-NMDAR encephalitis" as keywords.

**Results** We report a single case of a 33-year-old man diagnosed with Paranoid Schizophrenia in 2009 that after 1 year of treatment abandoned follow-up. Six years later, the patient presented to the psychiatric emergency department with persistent headaches, abnormal behavior and loss of motor skill. He was admitted to the psychiatric ward with a presumptive diagnosis of "Catatonic Schizophrenia" and began to manifest fluctuating catatonic symptoms (captured in video). Neuroleptics and benzodiazepines were tried without success. There was a clinical deterioration with autonomic dysfunction, breathing instability and seizures. Complementary exams revealed: EEG with slow base activity; brain MRI with right temporal pole and right frontobasal lesions compatible with head trauma; CSF with pleocytosis; and positive anti-NMDAR antibodies. Occult neoplasm was excluded. Treatment with high-dose steroids, intravenous immunoglobulins, followed by cyclophosphamide resulted in relevant clinical improvement.

**Conclusions** As early detection of antibodies may allow for earlier treatment of anti-NMDAR encephalitis, which is associated with better outcomes, we believe the present case underscores the importance of clinicians maintaining vigilance for neuropsychiatric symptoms that have not adequately responded to therapy.

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#### EV1184

### Study of the contributory factors to metabolic abnormalities in resistant schizophrenia

S. Ramos Perdigueis<sup>1,\*</sup>, A. Mane Santacana<sup>2</sup>, P. Salgado Serrano<sup>2</sup>, E. Jove Badia<sup>3</sup>, X. Valiente Torrelles<sup>3</sup>, L. Ortiz Sanz<sup>3</sup>, J.R. Fortuny Olive<sup>3</sup>, V. Perez Sola<sup>2</sup>, F. Dinamarca<sup>3</sup>

<sup>1</sup> Nuestra Señora de Jesus, Spain

<sup>2</sup> Hospital del Mar, Psychiatry, Barcelona, Spain

<sup>3</sup> Centre Dr. Emili Mira, Psychiatry, Santa Coloma de Gramanet, Spain

\* Corresponding author.

**Introduction** Schizophrenia is a developmental disorder that includes non-psychiatric abnormalities [2]. Metabolic abnormalities prior to antipsychotic treatment exist. The clozapine metabolic profile causes clozapine underuse in resistant schizophrenia [1].

**Objectives** To correlate metabolic profile with psychiatric severity and compare the correlations between clozapine/non-clozapine patients.

**Aims** To determine possible contributory factors to metabolic abnormalities in schizophrenia.

**Methods** We cross-sectionally analyzed all patients from a Spanish long-term mental care facility ( $n=139$ ). Schizophrenic/schizoaffective patients were selected ( $n=118$ ).  $N=31$  used clozapine. We paired clozapine and non-clozapine patients by sex and age and assessed metabolic and psychopathologic variables.

We compared psychopathologic variables between patients with/without cardiometabolic treatment and the differences between clozapine/non-clozapine groups.

**Results** We analyzed: 27 clozapine/29 non-clozapine patients. A total of 67,9% males with a mean age of 51.3 (SD 9.6) years. In the whole sample TG negatively correlated with Negative-CGI ( $r: -0,470, P: 0.049$ ) and HDL-cholesterol correlates with Global-CGI ( $r: 0,505, P: 0.046$ ). Prolactin correlated with the number of antipsychotics ( $r: 0.581, P: 0.023$ ) and IMC ( $r: 0.575, P: 0.025$ ). Clozapine group took less antipsychotics [Fisher ( $P: 0.045$ )] and had higher scores in total BRPS scale [ $t$ -Student ( $P: 0.036$ )]. They did not use more cardiometabolic treatment. There were no psychopathological differences between cardiometabolic treated/non-treated patients. In the non-cardiometabolic treated group ( $n=35/62,5\%$ ), IMC negatively correlated with positive and total BRPS, positive, cognitive and global-CGI. We found negative correlations between metabolic parameters and psychopathology in clozapine (40%) and non-clozapine subgroups (60%). In the cardiometabolic treated group ( $n=21/37,5\%$ ), we did not find these correlations in either of clozapine (61.9%) or non-clozapine (38.1%) subgroups.

**Conclusions** Severity [2], prolactin [3] and treatment [1] could play a role in metabolic parameters. In our sample we found negative correlations between psychopathological and metabolic parameters.

References not available.

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#### EV1185

### Awareness of illness and psychosis

R. Remesal Cobreros<sup>1,\*</sup>, R. Alonso Díaz<sup>2</sup>, E. Cortázar Alonso<sup>2</sup>, M. Andrés Villa<sup>3</sup>

<sup>1</sup> Hospital Juan Ramón Jiménez, Salud Mental, Aljaraque-Huelva, Spain

<sup>2</sup> Hospital Juan Ramon Jimenez, Salud Mental, Huelva, Spain

<sup>3</sup> Universidad de Huelva, Psicología, Huelva, Spain

\* Corresponding author.

**Introduction** One of the characteristics of Karl Jaspers approach to clinical practice was the importance he gave to the subjective experience by the patient. Patient's self-observation is one of the most important sources of knowledge of the psychic life of the patient. The lack of awareness of illness is quite common in psychotic spectrum.

**Aim** The aim of this paper was to examine and compare a group of patients diagnosed with psychosis disorder with another group with other mental disorders, in relation to their mental and emotional suffering,

**Sample** The sample was composed by 118 subjects with both sexes. It was divided into two groups: patients with a diagnosis of psychotic disorder and another one with other mental disorders.