

and agreed to participate. A screening scheme was used to identify socio-economic characteristics, life-style related somatic comorbidities, medication status and consumption of cigarettes, drugs and alcohol. In outpatients' medical records measured values and blood samples were obtained.

Results: Almost four-fifths of the outpatients were in need of health promotion out of whom more than half were not offered a municipal health-promoting treatment and care program. One or more of the investigated somatic comorbidities was found in more than one-third of the outpatients. 15% had type-2-diabetes mellitus and 10% had cardiovascular disease. Two-fifths of the outpatients were smokers. Mean number of cigarettes per day was 19 (SD=10) for smokers. Mean BMI for men was 29 kg/m² (SD=7) and 34 kg/m² (SD=8) for women.

Conclusions: In general, the outpatient's state of health was poor. Many outpatients were not offered a municipal health-promoting treatment and care program despite having a need.

Disclosure: No significant relationships.

Keywords: preventing; physical health; PSYCHOTIC DISORDERS

EPV1332

Can pleiomorphic psychotic symptoms with movement disorders mask wilson's disease?

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Introduction: Wilson's disease is a rare (1:30,000) autosomal recessive disorder of copper metabolism that is caused by mutations in the adenosine triphosphatase copper transporting beta (ATP7B) gene, located on chromosome 13. The reported percentage of patients with psychiatric symptoms as the presenting clinical feature is 10%-20%.

Objectives: To present and discuss a rare case admitted in the First Psychotic Episode Inpatient Unit (UIPEP) with pleiomorphic psychotic symptoms and low serum copper and ceruloplasmin and high 24h urine copper.

Methods: The data was collected through patient and family interviews, as well as from his medical record. We searched Pubmed using MeSH terms: psychotic disorders AND Hepatolenticular Degeneration.

Results: A twenty-two years old male, without known psychiatric history presented in the Emergency Department with a myriad of psychotic symptoms: motor stereotypes/mannerisms, paranoid delusions and auditory hallucinations. He was admitted in UIPEP, started low-dose antipsychotic medication with good response. As part of the implemented protocol, he did a battery of exams, including Brain CT-scan, EEG, ECG and blood and urine analysis, in which low serum copper and ceruloplasmin stood out, leveraging the suspicion of Wilson's disease. Therefore, 24h urine copper was done, with 140 mcg/d (reference range < 40 mcg/d). Brain MRI was normal and no Kayser-Fleisher rings were seen by a consulting ophthalmologist.

Conclusions: Without proper treatment, Wilson's disease is a progressive and fatal disease. Therefore, it's of upmost importance to recognize the clinical signs that raise suspicion of this disorder,

especially recent onset in young adult of miscellaneous psychotic symptoms with movement disorders.

Disclosure: No significant relationships.

Keywords: Wilson's disease; PSYCHOTIC DISORDERS; First Episode Psychosis

EPV1333

A novel approach to patients with schizophrenia and type 2 diabetes showing low treatment compliance

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Introduction: Patients with schizophrenia usually demonstrate low compliance to medication. This could be a component of the disorder or a fact that they are not being properly cared.

Objectives: To prevent this in, we tried to treat these patients with long term action antidiabetic agents, in order to achieve better compliance.

Methods: HbA1C measurements of patients suffering from schizophrenia and at the same time receiving oral antidiabetic treatment were conducted. 62 patients were found that fell under the criteria of non regulated type 2 diabetes and at the same time presented less than 70% complied with their antidiabetic pharmaceutical treatment. We modified the antidiabetic treatment of these patients, with the introduction of dulaglutide.

Results: Without intervening with their nutritional habits there was a decline in HbA1C measurements from the average rate of 9,4% to the average rate of 7,6%, as well as an average 6,31% reduction of their body weight.

Conclusions: Due to the improvement of the general medical condition of these patients, the answer to the question whether these patients should be treated with a long term antidiabetic medicines, is positive. The arrival of new long term action antidiabetic medicines in the near future, promises to improve the life quality of schizophrenic patients furthermor.

Disclosure: No significant relationships.

Keywords: schizophrénia; Type 2 diabetes

EPV1334

The relationship between white matter integrity of superior longitudinal fascicle and cognitive functions in chronic schizophrenia

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