

remission reach functional remission. While current pharmacotherapy options seem to be relatively effective for different symptoms of schizophrenia (e.g. positive symptoms), more specific psychosocial interventions that could enable functional remission are yet to be developed.

Objectives: Our objective is to investigate differences in psychopathology, quality of life, functioning, and achieving functional remission before and after specific group treatments developed in our clinic.

Methods: We will conduct a prospective study including a consecutive cohort of female patients older than 18 years of age, which fulfilled the criteria for schizophrenia and schizoaffective disorder according to the International Classification of Disorders, 10th revision. Exclusion criteria are intellectual disabilities, mental disorders due to known physiological or neurological conditions, lactation or pregnancy, treatment with medications that can provoke psychosis, alcoholism, and other addictions. Patients will be recruited after finished hospital treatment or during individual outpatient controls. The Recovery Helm will be used at the beginning of the treatment, to make individual treatment plan and include patients in specific programs including day hospital treatment and/or outpatient group programs: psychoeducation, relaxation, metacognitive training, and social skills training. Besides collecting sociodemographic data, pre- and post-treatment assessment will include the Positive and Negative Syndrome Scale (PANSS), the Global Assessment of Functioning (GAF), the Quality of Life Scale (QLS), and the "Functional Remission of General Schizophrenia" (FROGS) scale.

Results: We will analyze the changes in psychopathology levels, quality of life, functioning, and achieving functional remission between the two assessment points, taking into account different treatment possibilities.

Conclusions: Evaluation of current available programs can help with recognition of specific needs of patients with schizophrenia and provide guidelines for further development of treatment programs that could be helpful in achieving functional remission.

Disclosure of Interest: None Declared

EPV0915

Treatment resistant FEP (first episode of psychosis) with neuroanatomical findings

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Introduction: Presentation of the first psychotic episode of a young man and the investigation of the efficacy of treatment with olanzapine and after cariprazine.

Objectives: Assessing the response to treatment of cariprazine in a psychotic patient with relevant neuroanatomical findings.

Methods: A 25-year old man was admitted to the psychiatric intensive care due to his aggressive behavior and verbal abuse, threatening to kill them both. His medical history included long periods of negatively affected mood, social isolation and talking to himself according to his family

Results: When the patient was admitted he was very anxious, alert and extremely aggressive. During the interview he admitted auditory and visual hallucinations alongside delusional ideation with a particular aggression towards his father.

Upon admission his PANSS score was 121. positive scale score was 23.

The patient was treated initially with monotherapy olanzapine, gradually increased up to 20mg OD. Olanzapine caused asymptomatic transaminasemia, a relatively common adverse effect. At this point a change in medication was made and olanzapine was stopped and cariprazine was added gradually increasing its dose from 1,5mg to 6mg OD.

Interestingly the medical investigations (brain CT scan) indicated a calcification in falx cerebri.

After a period of 48 days since admission the patient was clinically improved and was discharged. His PANSS score was 72. Positive scale was 10.

Conclusions: The use of cariprazine as a treatment for a first psychotic episode of a young male improved his PANSS score after a 22-day treatment. According to the literature neuroanatomical findings have been associated with poor prognosis regarding the course of the illness. There needs to be further investigation on the efficacy of the long term treatment for this patient.

Disclosure of Interest: None Declared

EPV0916

Acute Stress Induced Catatonic Psychosis in an Adolescent: A Case Report

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Introduction: Childhood maltreatment(CM) can precipitate a range of psychiatric disorders in individuals. Some research show that CM rates are as high as 85% in schizophrenia spectrum disorders (Larsson *et al.* 2013). This case report explores an instance of acute catatonic psychosis in an adolescent following a significant episode of physical and emotional abuse.

Objectives: The aim is to elucidate the clinical presentation, diagnosis, and treatment of trauma-induced acute catatonic psychosis in an adolescent. The report seeks to emphasize the potential link between acute trauma and severe psychiatric disorders in young individuals.

Methods: A thorough review of the patient's clinical records was undertaken, focusing on psychiatric history, symptoms, treatment trials and responses. In parallel, an extensive literature review was conducted to understand the current knowledge on the association between acute traumatic stress and acute psychosis with catatonia.

Results: The patient, a 16-year-old female, presented with severe symptoms of catatonia and psychosis including mutism, posturing, stupor, negativism, auditory hallucinations and persecutory delusions, in addition; eating refusal, urinary and fecal incontinence. Symptoms started immediately following physical and emotional

abuse that occurred 10 days ago. She was hit, insulted and detained for 2 days by her parent's friends. Abuse reported to social services and judicial authorities. All laboratory and neurologic examinations performed to exclude an organic pathology. No pathologic results founded. Olanzapine 5 mg/day and lorazepam 0.5 mg/day started and titrated to 30 mg/day and 3.75 mg/day doses. Biperiden 4 mg/day started due to extrapyramidal side effects. A significant improvement observed about her catatonic and positive psychotic symptoms but she still had acute stress disorder symptoms. Trauma-focused cognitive-behavioral therapy added to her treatment. Family-based interventions examined for CM. She discharged in full remission after eight weeks of hospital stay. Lorazepam dose reduced and stopped before discharge.

Conclusions: Neurobiological models are trying to enlight the association between experiencing highly stressful or traumatic events, such as child abuse, may impact on later expression of psychotic disorders by increasing stress sensitivity to later adversity (Fares-Otero *et al.* 2023). This case underscores the potential of acute traumatic stress to precipitate severe psychiatric disorders, including catatonia. It highlights the importance of comprehensive clinical evaluations and the inclusion of trauma history in children presenting with acute psychiatric symptoms. The findings advocate for the integration of trauma-focused interventions in the treatment of similar cases. Further research is needed to understand the pathophysiological mechanisms underlying this association and to develop effective treatment strategies for this vulnerable population.

Disclosure of Interest: None Declared

EPV0917

Long – acting injectable aripiprazole in patients with psychosis is associated with improved quality of life, better general clinical outcome and fewer hospitalizations

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Introduction: Aripiprazole, a D2 receptor partial agonist is suggested to enhance Prefrontal Cortex (PFC) dopamine functioning resulting to an improvement of working memory and GABA transmission related to social functioning. The LAI form of the medication is documented to improve the long-term adherence of the patients resulting in a better assessment of the effects of the drug on behavioral parameters that require a longer time to evaluate.

Objectives: Hypothesis testing: “Aripiprazole LAI antipsychotic treatment is associated with i) reduced hospitalizations, ii) improved quality of life and iii) patient functioning”.

Methods: 65 patients participated (Male to Female ratio corresponds to 2:1). 44 of them, the community population manifested psychosis (23 schizophrenia and 21 patients bipolar disorder with psychotic features). The median age was 41 years. 31.8% had dual diagnosis of psychosis and alcohol use disorders, while 25% had dual diagnosis of psychosis and Cannabis Use disorder. 77.3% were on aripiprazole LAI. 21 patients with BD I were prisoners at the Penitentiary of Neapolis of Lasithi of Crete. Median age was 36 years (all men). 90.5% had comorbidity of bipolar disorder type I (BD-I) and alcohol use disorders. 95.2% had comorbidity of BD – I and Cannabis Use Disorder. All were medicated by aripiprazole LAI 400mg/month. For the evaluation of our hypotheses the instruments WHOQOL-BREF questionnaire and the CGI-S scale were used. The quality of life, functionality, and number of hospitalizations were compared in each patient, before the initiation of the LAI medication and during the active treatment period. The minimum of follow-up period was 6 months.

Results: In 44 patients (in community) hospitalizations decreased statistically significantly from 1.3±1.9 to 0.1±0.4 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). The CGI-S score decreased statistically significantly from 6.0 ±0.8 to 4.0±1.1 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). The score of the WHOQOL-BREF scale increased statistically significantly from 0.5 ± 0.5, to 2.9 ± 0.8 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). For the group of 21 patients (imprisoned) hospitalizations decreased from 0.6 ± 1.8 to 0.0 ± 0.0 (Paired Samples Wilcoxon Signed Rank Test p-value=0.066). The CGI-S score decreased statistically significantly from 5.3 ± 0.8 to 3.2 ± 1.3 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). The quality-of-life scale score increased statistically significantly from 0.9 ±0.6 to 3.09±0.7 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001).

Conclusions: Aripiprazole LAI significantly improves the quality of life and functionality of patients with psychosis. We suggest that the improvement might be related to the beneficial effects of the molecule on the Prefrontal Cortex (PFC).

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EPV0918

Addressing negative symptoms of schizophrenia in a Psychosis Day Hospital: a case report

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Introduction: Negative symptoms are present in more than two thirds of schizophrenic patients throughout the evolution of the disorder. These include symptoms related to reduced motivation or pleasure, such as avolition, anhedonia and asociality, and reduced expressivity, including alogia and blunted affect.

We present the case of a 24-year-old man who was admitted to our Psychosis Day Hospital after several psychotic episodes, presenting