

domains of negative symptoms adopted, hinders the generalization of the results.

Disclosure of Interest: None Declared

EPV0923

The role of thyroid function on the occurrence and psychopathological exacerbation of delusional disorders: Two case studies and review of recent works.

A. Guàrdia*, A. González-Rodríguez, L. Lafuente, M. Natividad, E. Izquierdo, E. Roman and J. A. Monreal

¹Psychiatry, Hospital Universitari Mutua de Terrassa, Terrassa, Spain
*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2221

Introduction: Primary hypothyroidism has been extensively associated with the presence of depressive symptoms in major depressive and bipolar disorders; however, the association between psychosis and hypothyroidism has received less attention.

Objectives: We aimed to present two cases of patients with delusional disorder (DD) and hypothyroidism and review studies focused on this association.

Methods: (1) Two case studies of DD patients. (2) Narrative review on the association of hypothyroidism and psychosis by using PubMed database (2000-August 2022). Search terms: [Hypothyroidism AND (psychosis or delusional disorder)].

Results: *Two case-studies.* Case A: 58 year-old woman with DD who presented a worsening of psychotic symptoms in association with the occurrence of newly diagnosed hypothyroidism. Risperidone 1mg daily was initiated. A combination of levothyroxine 100 mcg/day and paroxetine 20mg/day was started. Case B: 51 year-old DD women with remission of delusional symptoms, who presented occurrence of depressive symptoms and panic attacks with agoraphobia. Olanzapine 5 mg/day and venlafaxine 225 mg/day were started combined with levothyroxine 75 mcg/day. *Review:* From a total of 159 records, 52 studies described an association between psychosis and hypothyroidism. Most of the studies are focused on the Myxedema madness, treatment of psychosis with comorbid hypothyroidism, and the role of thyroid function on emerging psychoses. Others: intellectual disability, epilepsy, psychosis, asthma, diabetes and heart failure. Genetic associations of Xq13 gene, encoding for nuclear receptors of thyroid receptors, with psychosis.

Conclusions: Many questions pertaining to DD and thyroid function remain unanswered. Treatment of hormonal comorbidities may be associated with a clinical improvement of psychotic symptoms.

Disclosure of Interest: None Declared

EPV0924

First psychotic episode due to immunosupresor medication

A. Corrales*, L. Unzue, L. Llovera and N. Cancelo

¹Psychiatry, Navarra's University Hospital, Pamplona
*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2222

Introduction: 48-year-old man from Spain who lived with his wife until he got divorced 4 months before starting the follow up in

Mental Health. The debut was in September 2021 with a hospitalization in the Brief-acute hospitalization unit due to florid psychotic clinic-

He consumed several drugs in his twenties (cocaine, marihuana and heroin IV) and was diagnosed of HIV at the age of 29. He abandoned the use of drugs after the diagnoses and keep good adherence to the antiretroviral treatment (Abacavir + Lamivudine + Efavirenz). At the age of 46 (January 2020), he was successfully transplanted a kidney. Afterwards, he started taking immunosupresor medication to avoid transplant rejection

At the few months of the transplant and the beginning of the immunosupresor medication, the patient became more irascible with moments of remarkable disinhibition and progressive abandonment of the work obligations.

In January of 2021, he got divorced after months of difficulties with his wife, married 28 years before, due to the mentioned problems as well as moments of bizarre and disorganized conducts and suspicion towards his wife with probable delusional jealousy. He, therefore, lost his job, hose and marriage and started taking drugs again after 17 years of abstinence.

He was hospitalized in e Brief Acute Inpatient Unit in September 2021 with distrustful and hypervigilant attitude- He was suffering from delusional ideation of harm and persecution with high distress and emotional repercussion. He also presented disorganized conduct and probable auditory hallucinations. He was positive to amphetamines and cocaine After 3 days without consuming; there was no remission of the clinic.

Objectives: Discussing the association between the initiation of immunosupresor medication and the beginning of psychotic clinic

Methods: First psychotic episode (FEP) has a likely consequence of the initiation and maintenance of Tacrolimus -due to a kidney transplant- with the concomitant abuse of amphetamines and cocaine as a trigger factor.

The psychotic clinic progressively remitted in one week after the administration of 3 mg/day of risperidone.

The antiretroviral treatment was changed due to the poor adherence during the disorganization period. The tacrolimus was not removed because of the good response to the neuroleptic and the risk of transplant rejection

Results: The patient started with prodromic symptoms of psychosis at the time he began with the immunosupresor medication. Progressively, the psychotic clinic worsen wit the consequence of a biographical break with the consequence of a divorce, therlost of work and home and a drug relapse.

Conclusions: There is evidence of the association between psychotic episodes in people with no psychiatric history and the immunosupresor medication for the kidney transplant (Above all, tracolimus). This case remarks the need of an exhaustive medical anamnesis in the diagnosis of psychiatric pathologies.

Disclosure of Interest: None Declared

EPV0925

Risk assessment of aggressive behavior in schizophrenia and schizoaffective disorder : a cross-sectional study

A. Mellouli*, N. Charfi, I. Gassara, N. Smaoui, S. Omri, R. Feki, L. Zouari, M. Maàlej, J. Ben Thabet and M. Maàlej Bouali

Psychiatry C Department, Hedi Chaker University Hospital, Sfax, Tunisia
*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2223

Introduction: Psychotic disorders have been consistently associated with aggressive behaviors. Psychiatrists are frequently asked to perform assessment regarding potentially aggressive patients. Thus, many psychometric instruments can be useful for identifying the risk of violence and thereby offering appropriate treatment for these individuals.

Objectives: The aims of this study were to assess the risk of aggressive behavior in inpatients with schizophrenia or schizoaffective disorder and to determine its correlates.

Methods: Using face-to-face interviews, inpatients diagnosed with schizophrenia or schizoaffective disorder, in psychiatric department of the University Hospital in Sfax (Tunisia) were included in this cross-sectional, descriptive and analytical study, carried out between novembre 2020 and octobre 2022.

The modified overt aggression scale (MOAS) and historical clinical risk management-20 (HCR-20) questionnaire were used for data acquisition. The HCR-20 score of 20 was used as threshold to divide the sample to violent patients (scoring >20) and non-violent patients (scoring ≤ 20).

Results: The sample consisted of 60 male inpatients. The mean age was 38.23 ± 10.37 years.

In our sample, 68.3% were single, 35% didn't reach the secondary educational level, 16.7% used psychoactive substance(s), 35% had prior criminal record, 30% had a history of suicidal attempt and 81.7% had previous hospitalization.

The mean score of MOAS was 13.08 ± 8.19 . The mean total HCR-20 score was 19.25 ± 5.26 . The Historical, Clinical and Risk Management subscales showed mean scores of 8.33 ± 2.96 , 5.62 ± 1.89 , and 5.28 ± 2.42 , respectively.

The violent patients represented 45% of the sample.

The mean scores of the items H3, H10, C1, C2, C4 and R5 of HCR-20 were respectively : 1.33 ± 0.79 , 1.20 ± 0.77 , 1.22 ± 0.88 , 0.38 ± 0.71 , 1.30 ± 0.64 and 1.28 ± 0.73 .

There was no statistical difference between the two groups in socio-demographic factors.

A history of suicidal attempts was significantly more common in the group of violent patients ($p=0.029$).

Regarding the HCR subscales, H3 score (relationship instability) and H10 score (Prior supervision failure) were significantly higher among violent patients ($p=0.018$ and 0.003 respectively). The C1 score (lack of insight), the C2 score (negative attitudes) and the C4 score (impulsivity) were also significantly higher among violent patients ($p=0.016$, 0.009 and 0.005 respectively).

The item R5 (stress) of the risk management subscale was significantly higher in the group of violent patients ($p=0.003$).

The total MOAS score detected severe aggression in the nonviolent group ($p=0.031$).

Conclusions: Our study suggests the efficacy of HCR-20 in identifying and distinguishing between violent and nonviolent patients with schizophrenia or schizoaffective disorder. The use of such reliable instrument in clinical psychiatric settings should be encouraged.

Disclosure of Interest: None Declared

EPV0926

First episode psychosis: the depressive symptoms and suicidal behaviour that follow

B. L. B. Mesquita*, F. Ribeirinho Soares, M. Fraga, M. Albuquerque, J. Facucho, P. Espada, S. Paulino and P. Cintra

Department of Psychiatry, Hospital de Cascais, Lisbon, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2224

Introduction: Depressive symptoms and suicidal behaviour are common among patients that suffered a first-episode psychosis. Depressive symptoms could occur in different phases of psychosis, including in post-psychotic period. Depression is a well-known risk factor for suicidal behaviour in psychosis with data showing that occurrence of depression in psychosis have a significant correlation with suicide risk.

Objectives: The purpose of this paper is to do a brief review on the relation of causality that exists between first episode psychosis and depressive symptoms as well as suicidal ideation.

Methods: Brief non-systematic literature review on the topic.

Results: First episode psychosis is not uncommonly followed by depressive symptoms and suicidal thoughts. The rate of suicide attempt in psychotic patients range from 10 to 50%. Individuals with first episode psychosis have a greater risk of suicidal behavior compared with normal population and chronic disorders. In several studies, factors identified as being associated with depressive symptoms after first episode psychosis were anomalies of psychosocial development, poor premorbid childhood adjustment, greater level of continuing positive symptoms and longer duration of untreated psychosis. Suicidal behavior was associated with sexual abuse, previous suicide attempt, comorbid polysubstance use, lower baseline functioning, longer time in treatment, recent negative events, older patients, longer duration of untreated positive and negative psychotic symptoms, family history of severe mental disorder, depressive symptoms and cannabis use. Data also indicate that treatment and early intervention programs reduce depressive symptoms and suicidal behavior after first episode psychosis.

Conclusions: There is convincing evidence that depressive symptoms and suicidal behaviour have high rates after first episode psychosis. The research for treatment of depressive symptoms and/or suicidal behaviour after first-episode psychosis is very limited, therefore this paper aims to bring to light the importance of more studies on the matter.

Disclosure of Interest: None Declared

EPV0927

Parasuicidal behavior in early stages of psychosis

B. Serván Rendón-Luna*, A. Montes Montero and P. Gómez Merino

Hospital Clínico San Carlos, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2225

Introduction: Psychotic experiences (PE) are strongly associated with non-suicidal self-harm (NSA). NSA are present throughout life, but are more frequent during adolescence and young