Part of this improvement could be related with a better efficacy on psychopathology and quality of life.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1183

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

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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.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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Study of the contributory factors to metabolic abnormalities in resistant schizophrenia

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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 BPRS, 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], prolactine [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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Awareness of illness and psychosis

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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.

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Instrument Inventory SCL-90-R, which evaluating a wide range of psychological and psychopathological symptoms was used.
Statistics analysis Two groups were compared with respect to perceived psychopathological symptoms.
Results Statistically significant differences were observed between both groups. Patients with psychotic disorders showed lower scores in most clinical scales. It reflects less emotional suffering and psychological distress perceived in this group against the other. It could be related to the lack of awareness of illness by psychotic patient.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1186

A pilot early psychosis intervention programme in Bolivia

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The problem Less than half of the more than 250 adolescents and young adults who are estimated to experience a first episode of psychosis in the city of Santa Cruz each year are ever diagnosed and receive treatment.
Of those patients who are eventually diagnosed, the average duration of their symptoms of psychosis prior to receiving treatment is estimated to be over 2 years.
The opportunity Multiple psychosocial variables, such as the reaction of patients and their families to symptoms of psychosis, which play a vital role in determining long-term outcomes, demonstrate their highest degree of flexibility during the period of early psychosis. Psychological, social and evidence-based pharmacological interventions undertaken during this time frame can have a profound impact on the life-course of an individual with psychosis.
Our solution We propose to establish a pilot early psychosis intervention program that will provide age appropriate biopsychosocial treatment and support for 15–25 years old with first episode psychosis and their families in Santa Cruz. This will improve short and long-term outcomes for those with psychosis, increase speed of recovery, decrease the need for hospitalization, reduce family disruption and decrease rates of relapse.
By utilizing a mobile, multidisciplinary treatment team that emphasizes the roles of trained case managers focused on providing intensive individual and family support in the home, this program will provide culturally appropriate care that will leverage contributions from a limited supply of psychiatrists and shift dependence away from a fragmented medical system.
Disclosure of interest The author has not supplied his declaration of competing interest.

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EV1187

Impact of vulnerability to stress in the development and course of first psychotic episode

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Introduction The stress diathesis hypothesis is one of the leading models of etiology of psychotic disorders. Cortisol is one of the most researched stress hormone; yet its role in first psychotic episode is currently subject of many researches. Psychotic disorder occurs when "enough" stress attacks vulnerable personality. Stress response activates HPA axis that results in cascade effects on several body systems (immune, neuroendocrine and inflammatory). Dysregulation of the HPA axis and increased cortisol levels have been implicated in psychotic as well as in other psychiatric disorders.
Objective To follow treatment response through changes in clinical status and stress biomarkers evaluation in longitudinal 18 months research in drug naive FEP.
Aim To assess endocrine and autonomic responses to acute psychosocial stress, their associations with onset of the first psychotic episode and their subsequent remission.
Methods We studied 17 subjects with FEP and age and gender matched controls who were exposed to the Trier Social Stress Test. Other materials have explored clinical status through standardized clinical psychiatric interview and validated psychiatry scales as well as measured laboratory biomarkers (cortisol, prolactin, insulin).
Results Our preliminary findings on a sample of 40 participants indicate a differences between patients and controls in terms of response to stress measured by TSST.
Conclusion In our continued longitudinal research, we plan to further explore the role of hypothalamic-pituitary-adrenal activity in onset and course of psychotic disorder and its relation with other biomarkers.
Disclosure of interest The authors have not supplied their declaration of competing interest.

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EV1188

A case of rare allele T 126, 30,32 base pairs in a schizophrenic patient: A study case

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Introduction Schizophrenia is a severe and complex disease clinically characterized by disturbed thought processes, delusions, hallucinations and reduced social skills. Gene coding for neregulin 1 (NRG 1) located in 8 p21chromosomeand single nucleotide polymorphism (SNPs) have been identified strongly supporting *NRG1* gene as a susceptibility gene for schizophrenia.
Objective The present preliminary study, determines the relationship between polymorphism nucleotide sites (SNPs2) of *NRG1* gene and schizophrenia.
Aims Identifying rare allele T of neregulin 1 genein schizophrenic patients.
Method We analyzed the polymorphism (SNPs2) of *NRG1* gene in 20 patients recruited from Psychiatry Department of Emergency Clinical Hospital of Arad diagnosed with schizophrenia according to DSM-5-TM and ICD-10 criteria and 10 healthy controls. From all subjects, we obtained 2 mL of peripheral blood samples. Genomic DNA was extracted using the phenol-chloroform method. Genotyping was performed byPCR-based RFLP analysis for all subjects. The obtained PCR product mixture was completely digested with restriction enzyme, separated on SNP1 and SNP2 agarose gel. We present the case of a 31 years old, male, schizophrenic patient with the SNPs2 polymorphism and rare allele T 126.
Results In both groups, common allele G 127 and 60 base pairs was identified but only 2 schizophrenic patients presented rare allele T 126 and 30,32 base pairs.
Conclusions The polymorphism SNPs2 of *NRG1* gene with rare allele T 126 and 30,32 base pairs, may play a role in predisposing an individual to schizophrenia. Further and extended replicating studies with multiple sequencing of *NRG1* gene are necessary.
Keywords Schizophrenia; *Neregulin 1*(*NRG1*) gene; Allele T 126