

group comparisons. The level of significance was set at p -value<0.05. Statistical analysis was performed with Stata 15.1.

Results: Data were included for 110 subjects (70 men, 40 women); 55 patients and 55 controls matched for age and sex. Mean age was 31.3 years (8.7, 18-48) in patients and 31.4 years (8.9, 17-49) in controls. Serum cortisol and Cortisol/DHEA-S ratio were statistically significantly lower in patients [12.6 µg/dl (4.5, 3.5-24.5) and 5.3 (3.6, 1.3-19.5), respectively] compared to controls [15.5 µg/dl (4.9, 4.2-30.1) and 8 (4.7, 1.1-25.5), respectively] (p -value=0.0068 and 0.0005, respectively). Additionally, serum DHEA-S was statistically significantly higher in patients [306.5 µg/dl(165.4, 70-790)] compared to controls [240.1 µg/dl(113.5, 46-597)] (p -value=0.0114). ACTH was also higher in patients [28.5 pg/ml(15.7, 6.2-73.9)] than controls [26.5 pg/ml (15.3, 7-70.5)] but this difference wasn't statistically significant (p -value=0.6359).

Conclusions: We report elevated DEHA-S, decreased cortisol levels and decreased cortisol/DEHA-S ratio in the patients' compared to the controls' group.

Disclosure: No significant relationships.

Keywords: DEHA-S; ACTH; psychosis; cortisol

EPV0635

Schizophrenia: Tendency and distribution of incidence study

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Introduction: The prevalence of schizophrenia is close to 1 percent internationally. According to the 2019 census, the population in the province of León, our study population, is 460,001 inhabitants.

Objectives: To study the distribution of schizophrenia in the area covered by the Complejo Asistencial Universitario de León, Spain.

Methods: This is a retrospective and cross-sectional descriptive study. The data of the hospitalizations of the last 10 years (2009-2019) will be obtained in any service of the CAULE of the 28 basic health areas of the province of León, with a diagnosis of schizophrenia. Prevalence will be calculated. The rate of schizophrenia will be calculated for the decade per 1000 inhabitants.

Results: 3133 admissions identified 1576 unique patients. It is the decade of 50-59 where the largest number of hospitalizations is concentrated. Most entered directly into the psychiatry hospital care. It is 2019 where the most income is produced and 2017 the one with the least. The rate of schizophrenia is 3,2 Per 1000 inhabitants.

Conclusions: Hospitalizations for schizophrenia is concentrated in the decade of the 40-49 years. The diagnosis of schizophrenia is frequently delayed until negative symptoms appear. There is an upward trend in hospitalizations per year in the last decade. The rate of schizophrenia is higher in areas where consanguinity is present and where the prison is located.

Disclosure: No significant relationships.

Keywords: Hospitalizations; Incidence; schizophrenia

EPV0636

Psychosis in a 40-year-old man as debut of Alzheimer's disease

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Introduction: Psychosis in Alzheimer's disease has an incidence of ~ 10% per year. Recent work has focused on the presence of psychosis in people with mild cognitive impairment, as a risk factor for the development of Alzheimer's disease.

Objectives: To study a case of Alzheimer's disease presenting psychotic symptoms

Methods: Retrospective review of clinical records and complementary test, including psychiatry, electrophysiology and neurology.

Results: A 40-year-old goes to the emergency room due to hetero-aggression at home. He says that his father steals his money and prostitutes have been hired in his house. The patient is oriented, partially collaborative and approachable. Psychomotor restlessness is observed. He has self-referral delusions, auditory hallucinations and insomnia. Provisional diagnosis of acute psychotic episode made and low dose risperidone was prescribed. During his stay on the hospital Ward, sedation, recent memory alterations, spatio-temporal disorientation lack of initiative and disorganized behaviors appear. Risperidone is withdrawn and complementary test are performed. Imaging tests show temporal and frontal atrophy. Increased TAU protein and low levels of amyloid in CSF are found. Brain biopsy is +. His mother died of Alzheimer's disease with 36 years-old and another affected brother with 42 years-old. The definitive diagnosis is Alzheimer's disease and genetic studies are currently being carried out.

Conclusions: Psychiatric symptoms may be present in Alzheimer's disease. It is mandatory to carry out an adequate organic screening before a late first psychotic episode.

Disclosure: No significant relationships.

Keywords: alzheimer's disease; psychosis

EPV0637

Stigma, insight and social anxiety in first episode patients with psychosis

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Introduction: People with schizophrenia are considered to be within the most stigmatized social groups. Accurate and efficient

detection of stigma and its correlates is essential in patients with psychosis.

Objectives: The purpose of this study was to assess illness insight, stigma, social anxiety and quality of life in patients with a first episode of psychosis and their possible correlations

Methods: The sample of this study consisted of 90 patients with a first episode of psychosis that fulfilled inclusion and exclusion criteria. Tools used for the purpose of this study were Schedule for the assessment of insight-Expanded version, Internalized Stigma for Mental Illness Scale, World Health Organization Quality of Life Assessment - Greek version, Liebowitz Social Anxiety Scale - Greek version. Data were collected and analyzed with SPSS v26.

Results: The study group had good insight (SAI-E score: 20.33 ± 4.449), medium to high stigma values (ISMI score 50.93 ± 7.854), a good enough quality of life (WHOQOL-BREF score: 86.08 ± 10.010) and low levels of social anxiety (LSAS-Gr Fear score: 3.26 ± 8.653 ; Anxiety score: 2.93 ± 7.596). The results of this study show significant at the 0.01 level 2-tailed correlations as such: (i) a positive and significant relationship between ISMI and LSAS-Gr, (ii) a negative and significant relationship between ISMI and WHOQOL-BREF, and (iii) a negative and moderate relationship between WHOQOL-BREF and LSAS-Gr.

Conclusions: We report medium to high stigma levels, good insight and a good enough quality of life in a sample of first-episode patients with psychosis.

Disclosure: No significant relationships.

Keywords: Stigma; insight; social anxiety; First episode psychosis

EPV0638

Schizophrenia likely related to be with cadasil: A case report

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Introduction: CADASIL (Cerebral Autosomal Dominant Arteriopathy with Subcortical Infarcts and Leukoencephalopathy) is an inherited disease caused by mutations in the Notch3 gene in chromosome 19. The clinical features are primarily neurological, which include recurrent transient ischaemic attacks, strokes, and migraines. However, psychiatric manifestations such as severe depression, psychosis, changes in behavior and personality have also been reported in CADASIL. Symptoms and disease onset vary widely, with signs typically appearing in the mid-30s. Some individuals may not show signs of the disease until later in life.

Objectives: In this case report, we present a possible case of CADASIL, a 67-year old female patient diagnosed with schizophrenia fifteen years ago to discuss the co-occurrence of these conditions in the light of the literature.

Methods: Hospitalization records of the patient viewed.

Results: Our patient suffered from sleep disturbances, hearing religious voices and in psychiatric examination resistant to treatment psychotic symptoms such as blunted affect, mystic, persecutory delusions, auditory hallucinations were present. Cranial magnetic resonance imaging scan was performed and revealed

leukoencephalopathy, high-signal intensity lesions in the periventricular white matter consistent with a diagnosis of CADASIL. Atypical antipsychotics found to be effective in treating psychotic symptoms in our case.

Conclusions: Persistent psychotic symptoms despite adequate antipsychotic treatment in patients diagnosed with schizophrenia, also with pathological findings in MRI an organic cause such as CADASIL must be considered. Further studies are needed to better understand the exact impacts of cerebral tissue lesions and psychiatric symptoms in CADASIL patients.

Disclosure: No significant relationships.

Keywords: CADASIL syndrome; schizophrenia; organic psychosis

EPV0640

Electroconvulsive therapy in a patient with resistant paranoid schizophrenia treated with clozapine

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Introduction: One of the usual indications for Electroconvulsive Therapy (ECT) is Paranoid Schizophrenia (PS), being performed usually in cases resistant to antipsychotics.

Objectives: To present a clinical case of a patient with antipsychotic-resistant PS, including Clozapine, who received ECT.

Methods: We present the case of a 47-year-old patient with an 8-years diagnosis of PS. He presented visual, auditory, and kinesthetic hallucinations, delusions, and thought insertion and diffusion phenomena that impeded concentration. He had received treatment with different antipsychotics (including Clozapine), without achieving remission of symptoms. He also presented significant adverse effects such as hypersalivation and extrapyramidal symptoms. Due to the poor response and the adverse effects that limited the dose increase, it was decided to start ECT.

Results: The patient received a total of 9 sessions, presenting a significant reduction in symptoms since the 5th session (disappearance of the sensory-perceptual alterations and thought disturbances). As side effects, the patient presented amnesia of the moments prior to applying the therapy, which subsequently resolved. The patient continued to present concentration difficulties, although after ECT he denied the presence of thought insertion or diffusion phenomena to which he previously attributed the cause of these difficulties.

Conclusions: Although less responsive than in other indications, ECT combined with antipsychotic drugs has been proven to be more effective than monotherapy (regardless of whether it's Clozapine or another). This lower response could be due to the use of ECT in the most resistant cases, since it has been demonstrated that in more acute cases a faster improvement occurs when the two treatments are combined.

Disclosure: No significant relationships.

Keywords: Electroconvulsive therapy; schizophrenia; resistant schizophrenia; clozapine