

either a decrease/increase in behavior (locomotion, aggression, sociability, circling behavior, and memory deficits), which is why additional studies are mandatory.

Disclosure of Interest: None Declared

EPP0648

Prolactin levels and aggressive behaviour in men with Schizophrenia

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Introduction: Recent studies find a high level of prolactin in naïve patients with consequences on their behavior. These results have shed light on new etiopathogenic avenues in schizophrenia and suggested new preventive approaches.

Objectives: The objective of our work was to investigate the links that may involve prolactin levels to aggressive behavior in patients followed for antipsychotic-naïve schizophrenia or in therapeutic discontinuation.

Methods: We conducted a one-year descriptive and cross-sectional study of thirty male patients hospitalized for a treatment-naïve psychotic relapse or who had been discontinued for more than two months. These patients were assessed using a questionnaire as well as the Overt Aggression Scale (OAS). A blood sample was taken to specify the prolactin level.

Results: Eleven patients were aggressive (37%). Seven patients (23%) had hyperprolactinemia. Hyperprolactinemia was also inversely associated with aggression since inversely significant correlations were objectified for prolactinemia and respectively the OAS score and the verbal aggression subscore ($Rho = -0.391$; $p = 0.033$) and ($p = 0.016$, $Rho = -0.438$). The score of aggressiveness towards others also evolved inversely to the prolactin level with a p close to significance ($p = 0.056$).

Conclusions: Our results support the hypothesis of a probable action of prolactin as a protective factor against aggression. High prolactin levels may therefore represent a diagnostic lead for a particular profile of a certain patient group with a particular course. However, this subject is still unresolved in the literature and future studies seem necessary.

Disclosure of Interest: None Declared

EPP0649

Prolactin and Family Psychiatric History in Schizophrenia

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Introduction: Schizophrenia is a chronic and multifactorial mental disorder. Research suggests the presence of an abnormality in prolactin secretion during the genesis of the disease and at the same time, the involvement of genetics in its pathogenesis has long been the demand of researchers in the field of genetics since familial forms of schizophrenia have been observed.

Objectives: The objective of this study was to describe the prolactin profile and to study its relationship to the patients' family history of psychiatric illness.

Methods: This was a descriptive, cross-sectional study of thirty male patients hospitalized for a psychotic relapse who were naïve or discontinuing treatment for at least two months. Patients were assessed using a semi-structured questionnaire. A blood sample was taken to measure levels of prolactin.

Results: The age ranged from 17 to 56 years. Most patients had a family medical history. Twenty patients (66%) had a family psychiatric history of schizophrenia (56%), mental retardation (3%), personality disorder (3%) and schizoaffective disorder (3%). Prolactin levels ranged from 0.5 to 45.67 ng/mL with a mean of 14.03 ng/mL. Seven patients (23%) had hyperprolactinaemia. All patients with hyperprolactinaemia had a family history of psychiatry with a statistically significant difference ($p = 0.033$).

Conclusions: Hyperprolactinemia could be one of the "endophenotypes" that reflect a vulnerability to schizophrenia, found in familial forms of the disease. In this context, longitudinal studies on a larger scale and family studies including siblings without schizophrenia should be undertaken.

Disclosure of Interest: None Declared

EPP0650

From "cutaneous anthrax" to "primary delusional infestation"

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Introduction: Primary delusional infestation is a rare psychiatric condition in which patients mistakenly believe that their skin or other body parts are infested by small, living organisms, despite the fact that no organisms can be found upon investigation. The delusion occurs concurrently with abnormal cutaneous sensations. Therefore, they typically have a history of prior negative evaluations by dermatologists and general practice physicians. In addition, patients may have also received repeated courses of dermatologic and anti-infective therapies, despite the lack of an objective diagnosis.

Objectives: To describe the clinical case of a patient who suffered from an undiagnosed primary delusional infestation for 12 years.

Methods: Description of a clinical case and a non-systematic review of the literature.

Results: We describe the clinical case of a 65-year-old woman who spent 12 years being evaluated by multiple medical and surgical specialties for the following complaint: "sensation of something moving beneath the skin." At the onset of the complaint, the patient believed that this "strange sensation" was due to a recent tooth procedure. However, as she felt the discomfort not improving, she believed it to be a consequence of a cutaneous *anthrax* infection. Thus, the patient started using tweezers to grasp the living organism

that was bothering her and that behavior caused intense scaring in her face. Meanwhile, the patient was also submitted to 3 cutaneous biopsies (prescribed by a dermatologist) that refuted the hypothesis of any living organism underneath her skin. In addition, the patient was prescribed sertraline, bromazepam and lorazepam that, although improved her sleep and anxiety levels, were inefficient to treat the root of her suffering. Finally, after 12 years of dispersed medical follow-up, this patient was evaluated by a new psychiatrist and prescribed paliperidone that rapidly made the agonizing “strange sensation” disappear.

Conclusions: Even though primary delusional infestations are a rare psychiatric diagnosis, all medical doctors should consider it when their patients report bothersome dermatologic complaints associated with the belief of infestation and negative diagnostic examinations. It is incredibly important to consider this diagnostic, as the early treatment of this entity might prevent the patient from undergoing multiple years of suffering and discomfort.

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EPP0651

The relationship between visual hallucinations, functioning and suicidality over the course of illness: a 10-year follow-up study in first-episode psychosis

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Introduction: Visual hallucinations are a common symptom across psychotic disorders and have been linked to illness severity, impaired functioning, and increased suicide risk. However, little is known about the stability of this relationship over the long-term course of illness.

Objectives: This study aims to assess whether the presence of visual hallucinations is associated with illness severity, functioning and suicidality, early and late in the course of illness. It further explores the potential role of childhood trauma in this context, which has been linked to both visual hallucinations and suicidality.

Methods: A sample of 185 individuals with first-episode psychosis was assessed with structured clinical interviews and self-report questionnaires at time of study inclusion and at 10-year follow-up. Those with lifetime experience of visual hallucinations at inclusion (VH+/+) as well as those where visual hallucinations first developed during the follow-up period (VH-/+) were compared to a group without such experiences (VH-/−). To this end, multinomial logistic regression models were applied, with a range of clinical and demographic variables as predictors.

Results: At time of inclusion, the VH+/+ group had significantly higher symptom severity scores, lower functioning scores, and were more likely to have a history of multiple suicide attempts. There were no such differences between the VH-/++ and the VH-/− group. At follow-up, this pattern of findings partially reversed. Here, only the VH-/++ group differed from the VH-/− group in terms of higher symptom severity scores and lower functioning scores. However, the VH+/+ group was still more likely to report multiple suicide attempts during the follow-up period, whereas VH-/++ did not

differ from VH-/−. Notably, childhood trauma scores did not differ between groups.

Conclusions: In line with previous studies, these findings point to an association between visual hallucinations and illness severity, functioning and suicidality. However, this association seems to change over the course of illness. Together, this highlights the relevance of assessing visual hallucinations in the clinical setting and monitoring their development over time.

Disclosure of Interest: None Declared

EPP0653

Predictors of therapeutic response in schizophrenia – preliminary results

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Introduction: Schizophrenia is a heterogenous disease and there is wide variation in the therapeutic response in patients, with some being good responders and others - severely disabled and defined as treatment resistant.

Objectives: To identify specific socio-demographic and clinical characteristics as prognostic factors for therapeutic response in the search of course prognosis and disease outcome.

Methods: The study has naturalistic, non-interventional design and includes one-year prospective follow-up. Schizophrenic patients are being evaluated in three time points – at admission (T1), by discharge (T2), and one year after the hospitalization (T3). Psychopathology is evaluated by the Positive and Negative Syndrome Scale (PANSS), as well as negative symptoms – by the Scale for the Assessment of Negative Symptoms (SANS), aggression by the Modified Overt Aggression Scale (MOAS) and functioning by the Global Assessment of Functioning (GAF). Statistical analyses are performed using Descriptive methods, Student's t-test, Wilcoxon Signed Ranks Test, as well as multiple regression. An ethical approval of the study has been obtained.

Results: The sample consists of 108 patients with mean age of 39 (SD±12.7) and 89.8 % (N=97) of them were prospectively assessed after one year. All symptom dimensions in the 5 -factor model – positive, negative, disorganized, manic, and depressive, measured by PANSS, as well as negative symptoms (objectified by SANS) and aggression (objectified by MOAS) are significantly lower after inpatient treatment. There is an improvement in functioning one year after admission ($z=-8.01$, $p<.001$), although both negative symptoms ($z=-2.45$, $p=0.015$) and aggressive behavior ($z=-4.260$, $p<.001$) are significantly higher one year after discharge. From the multiple regression, at T1, involuntary admission is a significant predictor for higher aggression and lower functioning ($p<.001$). The duration of hospitalization is longer with lower compliance ($p=.022$) and the treatment with atypical antipsychotics decreases the hospital stay ($p=.021$). One year after admission, employment serves as a positive predictive factor as it decreases the psychopathology ($p=.001$), negative symptoms ($p<.001$), and improves the functioning ($p<.001$). Good compliance is a predictor for lower psychopathology ($p=.015$), less aggression and higher functioning ($p<.001$).