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.

Disclosure of Interest: None Declared

EPP0651

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

I. Kreis[1]*, K. Fjelnseth Wold[1], G. Åsbø[2], C. Simonsen[2] and I. Melle[1]

[1]NORMENT, Institute of Clinical Medicine, University of Oslo and [2]NORMENT, Division of Mental Health and Addiction, Oslo University Hospital, Oslo, Norway
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.949

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

I. Kamenova* and G. Onchev

Psychiatry and Medical Psychology, Medical University Sofia, Sofia, Bulgaria
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.950

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 GlobalAssessment 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$\pm$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).