

preservation of the affects pointed to a delusional disorder, the presence of auditory hallucinations and gradual loss of functionality are characteristic of schizophrenia. Some authors rejected the classic definition of Paraphrenia, but accepted that schizophrenia in the elderly could assume a paraphrenic form. In this case, the clinical picture and evolution are close to the classical description of the disorder.

Disclosure: No significant relationships.

Keywords: Paraphrenia; psychosis; elderly schizophrenia

EPV0605

Folie a deux. On the subject of a case identified during confinement

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Introduction: Shared psychotic disorder or Folie a deux is an unusual mental disorder characterized by the transfer of delusions between two or more people who have a close relationship. An individual (inductor or primary) who suffers from a psychotic disorder, influences one or more individuals (induced or secondary). Delusional disorders or schizophrenia are the most commonly diagnosed disorders in the inductor individual.

Objectives: The objective of this study is to describe the clinical characteristics of an unusual entity such as shared psychotic disorder.

Methods: Description of a clinical case of shared psychotic disorder of a family treated in the emergency room during confinement.

Results: 47-year-old woman, goes to the emergency room with her husband. No psychiatric history. Both the patient and her husband verbalize delusions of harm and surveillance from neighbors. They also report that two of their children hold this belief. The mother, unlike the rest of the cohabitants, presents disqualifying auditory hallucinations. Her husband decides to take her to the emergency room because he finds her distressed, “between two realities” and aggressive when she is confronted about hallucinations. We start treatment with oral paliperidone in the mother and a subsequent follow-up, and a total remission of symptoms in all cohabitants.

Conclusions: As in other mental disorders, the correct diagnosis and subsequent referral are essential. The separation of the inductor individual from the induced one is useful for the correct management of this disorder. With timely intervention and a regular follow-up, the Folie a deux has a good prognosis.

Disclosure: No significant relationships.

Keywords: confinement; Folie a deux; Shared psychotic disorder

EPV0606

Pisa syndrome – a case report

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Introduction: Pisa Syndrome or pleurothotonus is a form of dystonia and often can arise as a side effect of antipsychotic treatment conditioning high morbidity and limiting management options. Despite the fact that the precise mechanism remains unclear, a neurochemical imbalance in dopaminergic and cholinergic transmission but also in serotonergic and noradrenergic transmission can be a possible pathophysiologic mechanism, which can lead to changes in the axial axis with abnormal posture and marked lateral trunk flexion and abnormal gait.

Objectives: Regarding a clinical case, the authors intend to review the relevant and current literature on the relationship between psychotropic drugs and Pisa Syndrome.

Methods: Description of a clinical case by consulting databases of current and scientifically relevant articles.

Results: The clinical case reports a 48-year-old woman with a history of HIV and Substance Use Disorder, hospitalized for unspecific behavioral changes, characterized by mood changes, self-referential, persecutory and somatic delusional ideas, and delusions of the control of thought. She was medicated with antipsychotics and mood stabilizers, with subsequent development of an acute-onset dystonic condition, characterizing the Pisa Syndrome. In this context, the dose of antipsychotics was lowered and anticholinergics were introduced, with progressive improvement of the clinical picture.

Conclusions: Pisa Syndrome, previously seen as a rare adverse effect, can occur as a dystonic reaction related to the use of psychotropic drugs, so its use should be judicious. Further studies are needed to understand the extent of this association and its pathophysiological mechanisms in order to guide more rigorous therapeutic lines.

Disclosure: No significant relationships.

Keywords: Pisa Syndrome; Antipsychotics; dystonia; abnormal posture

EPV0607

Cotard syndrome in a patient with multiple sclerosis: A case report

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Introduction: “Cotard syndrome” is a rare condition characterized by a constellation of clinical features, including hypochondriac and nihilistic delusions, the most characteristic of which are the ideas that one is dead or that their organs do not exist. It is more commonly associated with psychotic depression and schizophrenia but can also be found in several neurological disorders. In the clinical practice it generally appears as an “incomplete Cotard”, reduced to hypochondriac delusions attributed to the malfunction or occlusion of the organs, usually the digestive tract and abdominal viscera. Consequently it is common for these patients to reject food

or medications. In literature it has been divided into three types, according to the clinical symptoms: psychotic depression, Cotard type I, and Cotard type II.

Objectives: Literature review on Cotard Syndrome and its link with Multiple Sclerosis, based on a clinical case.

Methods: Pubmed and Google Scholar search using the keywords Cotard Syndrome, Multiple Sclerosis.

Results: Hereby we present a clinical case of a 53-year-old female patient, with multiple sclerosis, who presented with hypochondriac and nihilistic delusions and refusal of food and medication. The patient was treated with olanzapine with rapid remission of delusional activity.

Conclusions: Multiple sclerosis is an immunemediated chronic disease, affecting predominantly the sensory and motor function. In addition, psychiatric comorbidity is very frequent with up to 50 % lifetime risk of depression. While various neurological disorders have been described in association with Cotard syndrome, its link with multiple sclerosis has been scarcely reported.

Disclosure: No significant relationships.

Keywords: Cotard Syndrome; Multiple sclerosis; case report

EPV0608

Management challenges in a schizophrenic patient with multiple brain abscesses: A case report

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Introduction: Cerebral abscesses are rare, occurring in approximately 0.3–1 per 100 000 patients. Mortality rate still remains as high as 22%. Very few cases of acute psychotic episodes associated with brain abscess have been reported.

Objectives: To present a case report of a patient with schizophrenia associated with multiple brain abscesses, focusing on clinical features and managing challenges.

Methods: Presentation of a clinical case supported by a non-systematic review of literature containing the key-words “brain abscess”, “psychosis” and “schizophrenia”

Results: This is a case report of a male 44-year-old patient with a known history of schizophrenia since the age of 18 and with multiple brain abscesses diagnosed 2 month ago. He was admitted to our inpatient service after discontinuation of her medication resulting in an acute psychotic episode. Antibiotic therapy with rifampicine, metronidazole, trimethoprim and sulfamethoxazole was started. Also, administration of clozapine was initiated (up to 400mg/day) with partial improvement, so aripiprazole was added (up to 45 mg/day), with insufficient response. We suspected of a drug interaction between rifampicine (known potent broad inducer of drug-metabolizing enzymes) and antipsychotic medication, so we decided to change aripiprazole to amisulpride 1200 mg/day, which CYP-catalyzed metabolism appears to be minor. A significant improvement in positive symptoms and mood was observed. The patient has since had no delusions or hallucinations and is living independently at home.

Conclusions: This clinical case highlights the possible association between brain abscesses and relapses in schizophrenia. It is of utmost importance to be aware for possible drug interactions between antibiotic therapy and antipsychotic medication.

Disclosure: No significant relationships.

Keywords: brain abscess; drug interaction; rifampicine; schizofrénia

EPV0610

Estrogens in schizophrenia: What do we know?

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Introduction: Schizophrenia is a chronic disease that significantly impacts cognitive functioning. Sex differences in incidence, onset and course of schizophrenia suggest estrogens have a protective role.

Objectives: Our aim is to review the state of the art on this matter.

Methods: Through a selection of the most relevant articles found on PubMed and ClinicalKey searching the keywords: “estrogens” and “schizophrenia”.

Results: Accumulating evidence has led to the hypothesis that estrogens act as a protective factor in women regarding the onset of schizophrenia as their increase in puberty may help delay the onset of symptoms. Also, the estrogens abrupt decline in menopause may account for a second peak of onset and greater severity of the symptoms. During the menstrual cycle, when serum estrogens are at their lowest, there is an increase in the number of psychotic episodes and an exacerbation of psychotic symptoms. Pregnancy leads to an improvement of psychotic symptoms, which then worsen in postpartum. Clinical trials testing the efficacy of estrogens have been promising, which suggest they might be a useful adjuvant treatment. Despite the evidence of clinical efficacy, health risks for women using estrogen therapy should be considered, as they decrease its acceptability as a viable treatment option. The use of selective estrogen receptor modulators (SERMs), as raloxifene, could be a favorable and safer alternative.

Conclusions: In conclusion, estrogens are proving to be a promising option as a complementary therapy for schizophrenia; however, further studies are needed to investigate whether they might be overall beneficial.

Disclosure: No significant relationships.

Keywords: estrogens; schizofrénia

EPV0613

Development of psychosis following sexual abuse:rape of an adolescent: A case study

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