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

A. Alvarado Dafonte1*, L. Soldado Rodriguez2 and C. Coca Cruz1
1Jaén, Complejo Hospitalario Jaén, Jaén, Spain and 2Mental Health Unit, Complejo Hospitalario de Jaen, Jaen, Spain
*Corresponding author. doi: 10.1192/j.eurpsy.2021.2115

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

EPV0607
Cotard syndrome in a patient with multiple sclerosis: A case report

S. Vieira1* and G. Marinho2
1Clínica 6, Centro Hospitalar Psiquiátrico de Lisboa, Lisbon, Portugal and 2Psychiatry, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal
*Corresponding author. doi: 10.1192/j.eurpsy.2021.2117

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