more research. Meanwhile, we want to highlight the importance of complementing the treatment with psychosocial approaches.

Disclosure: No significant relationships.
Keywords: desnutrition; negative symptoms; resistant schizophrenia

EPV1403

Thyroid psychosis: a case report

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Introduction: We present the case of a patient who after a year of psychotic symptoms is diagnosed with thyroid cancer with hyperthyroidism.
Objectives: A brief review is made of the psychotic symptoms in a patient with hyperthyroidism secondary to cancer of the gland.
Methods: We present the case of a 52-year-old patient, a former injecting drug addict, who after a year with psychotic symptoms, is diagnosed with thyroid cancer with hyperthyroidism. The patient reported that a year ago, he suddenly had a painless and indurated lump in his neck, associated with weight loss and confusional symptoms. One month after the appearance of the tumor, the patient began to present visual, kinesthetic and haptic hallucinations, with the sensation that supernatural beings were passing through and possessing him. Likewise, he referred to being able to see and feel the atoms of matter, being able to communicate with a superior being whom he called "creator".
Results: The patient is admitted for psychotic symptoms. During it, the necessary complementary tests are carried out, objectifying a clinical situation of hyperthyroidism. The study is extended, observing a hyperfunctioning nodule, which corresponded to thyroid cancer.
Conclusions: Neuropsychiatric symptoms in hyperthyroidism are relatively common. In most cases, the most frequent are cognitive alterations, attention problems and working memory problems. It can also lead to depressive episodes, and more rarely, psychotic symptoms.

Disclosure: No significant relationships.
Keywords: Psychosis; Thyroid

EPV1404

Schizophrenia and Multiple Sclerosis: Common pathways, common risk-factors

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Introduction: Schizophrenia (SCZ) is a severe mental disorder that is among the leading causes of disability worldwide. Multiple sclerosis (MS) is a chronic inflammatory neurological disease with a major impact on the quality of life of young adults. Despite the distinct nature of these two disorders, research studies have identified similarities in underlying pathological mechanisms and risk factors.
Objectives: To illustrate, through a case report, the central role of inflammation in schizophrenia and its relationship with multiple sclerosis.
Methods: Case Report of a 31-year-old male patient with schizophrenia who has been diagnosed with multiple sclerosis.
Results: Mr M. is a 31 year old patient who was diagnosed with schizophrenia at age 17. Between the ages of 25 and 27, the patient had two severe psychotic relapses each one requiring inpatient treatment. At that time, he experienced predominantly severe positive symptoms and persistent suicidality. He was initially prescribed amisulpride up to 600mg, followed by haloperidol up to 45mg daily. Due to poor clinical response, the patient was put on clozapine 400mg/d and has been stabilized since 2017, with outpatient checkups. The patient has reported vertigo and trouble walking in August 2021. He has been referred to the Neurology Department. Clinical, biological and imaging findings were highly suggestive of Multiple sclerosis and the patient has received short courses of intravenous corticosteroids.
Conclusions: This case report highlights the possible association between Multiple Sclerosis and schizophrenia. Further research is needed to clarify the role of inflammation in the central nervous system in schizophrenia and the overlap with Multiple Sclerosis.

Disclosure: No significant relationships.
Keywords: inflammation; multiple sclerosis; resistance; schizophrénia

EPV1406

Efficacy and tolerability Aripiprazole once-monthly long-acting injectable in schizophrenia. Two-injection start regimen

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Introduction: Aripiprazole once-monthly is a long-acting intramuscular injectable formulation of aripiprazole. The starting dose can be administered by following one of two regimens: • One injection start: On the day of initiation, administer one injection of 400 mg Aripiprazole once monthly and continue treatment with 10 mg to 20 mg oral aripiprazole per day for 14 consecutive days • Two injection start (New regimen): On the day of initiation, administer two separate injections of 400 mg Aripiprazole once monthly at separate injection sites, along with one 20 mg dose of oral aripiprazole.
Objectives: To assess the effectiveness and tolerability of Aripiprazole long-acting injectable (ALAI) in patients with schizophrenia. The starting dose was administered following the two injection start regimen
Methods: Sample:10 patients with schizophrenia (DSM 5 criteria) who started treatment with ALAI. The starting dose was administered following the two injection start regimen. On a tri-monthly

basis, the following evaluations were performed during a follow-up period of 6 months: The Clinical Global Impression-Schizophrenia scale (CGI-SCH), treatment adherence, the number of hospitalizations and Side effects reported
Results: Mean variations from baseline scores at 6 months was (-1.1 ±0.89) on the GCI-SCH. The percentage of patients who remained free of admissions at the end of the 6 months was 90%. The rate of adherence to treatment after 6 months was 80%. The most frequent side effect was transient mild insomnia (20%) .
Conclusions: Aripiprazole long-acting injectable (The starting dose was administered following the two injection start regimen) is effective, safe and well tolerated in clinical practice conditions

Disclosure: No significant relationships.
Keywords: Efficacy; schizophrénia; Aripiprazole once-monthly; Two-injection start regimen

EPV1407

Chronic delusional disorder and Chales Bonnet syndrome: differential diagnosis or comorbidity

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Introduction: Delusional idea disorders are a group of syndromes whose main or unique characteristic is the presence of consolidated delusional ideas that usually have a chronic character and do not fit into other diagnoses such as schizophrenia, affective disorder or other organic diseases. On the other hand, Charles Bonnet syndrome is an organ hallucinosis in whose context visual hallucinations may appear in patients with a visual deficit. Historically, it has been considered that the presence of another psychiatric condition is an exclusion criterion for the diagnosis of Charles Bonnet syndrome, although the presence of similar etiological and maintenance factors means that this situation of dignous exclusion must be reconsidered.
Objectives: The objective of the present communication is to study the current state of the topics "delusional disorder" and "Charles Bonnet syndrome". Another objective is to reconsider that the presence of previous or concurrent psychiatric pathology is an exclusion criterion for the diagnosis of Charles Bonnet syndrome..
Methods: A bibliographic review on "delusional ideas disorder" and "Charles Bonnet syndrome" has been carried out, as well as a discussion on the diagnostic and exclusion criteria, based on the etiopathogenic and maintenance factors.
Results: Both in "delusional ideas disorder" and in "charles bonnet syndrome" advanced age, social isolation and deficiencies in sense organs constitute etiological factors that facilitate the appearance of these syndromes and make their treatment difficult.
Conclusions: Due to this, we consider that the appearance of another previous or present psychiatric illness should not be an exclusion criterion, both can appear in the same patient.

Disclosure: No significant relationships.
Keywords: Delusional disorder; Chales Bonnet syndrome; blindness

EPV1408

Treatment-resistant schizophrenia : the relationship between clozapine plasma concentration and clinical outcome

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Introduction: Clozapine is highly effective in patients with treatment-resistant schizophrenia but, to ensure optimal clinical response it is important to optimize its use and this depends on adequate pharmacological monitoring.
Objectives: Evaluate the therapeutic response rate according to clozapine plasma concentration.
Methods: It was a cross-sectional, retrospective and analytical study, carried out over a period of six months, in the F and A psychiatry departments of the Razi hospital in Tunis, including patients followed for treatment-resistant schizophrenia and receiving clozapine. We evaluated the response to clozapine using the Brief Psychiatric Rating Scale (BPRS).
Results: The average age was 37.7 ± 9.4. The mean age of introduction of clozapine was 31 years and the mean time to its introduction was 9.3 years. Clozapine was administered as a single drug in 85% of cases. The mean dose of clozapine was 373 mg/day. The mean of clozapine plasma concentration was 386.5 ng/ml with a minimum of 89 ng/ml and a maximum of 913 ng/ml. The clinical response rate to clozapine was 25% with a BPRS good response threshold value of less than 35. Patients with clozapine levels above the conventional cut-off of 350 ng/ml (n=34) had a response rate of 34.6%. A response rate of 37% was observed in the group of patients with a clozapine plasma concentration interval of 200-350 ng/ml. There was no statistically significant difference in therapeutic response (p=0186)
Conclusions: Our study revealed a therapeutic response variation according to plasma clozapine concentration and showed the existence of a non-negligible and effective response rate.

Disclosure: No significant relationships.
Keywords: treatment-resistant schizophrenia; clozapine; clozapine plasma concentration

EPV1409

Identification of trema in first episode psychosis: a case report

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Introduction: The concept of trema refers to an initial phase in the psychotic process that is characterized by intense anguish, an experience of hostility and a feeling of imminent catastrophe. This situation engenders in the patient a sensation of being in a tunnel than can only lead to something terrible but ineffable.