should not be judge as an individualized diagnostic entity as it should be considered inside schizophrenia, so the term disappeared in the German psychiatry. In the French psychiatry, unlike the German, the independence of chronic psychosis from schizophrenias was recognized, so the term had a longer path. Henry Ey recognized four important clinical features in this disorder: paralogical thought dominance, megalomania, confabulation and integrity of relation with reality.
Conclusions: Currently the term paraphrenia is no longer considered an individualized diagnostic entity. In fact, in today's textbooks of psychiatry paraphrenia is considered a psychotic disorder that has nothing in common with the one described by the classical authors, and it is part of the late-onset psychosis.

Keyword: Paraphrenia

EPP1174

Cognitive impairment in treatment-refractory schizophrenia and type i diabetes. A case.

L. Soldado Rodriguez[1]*, S.S. Sánchez Rus[2], G.M. Ruiz Martinez[1] and A. Alvarado Dafonte[1]

[1]Mental Health Unit, Complejo Hospitalario de Jaen, Jaen, Spain and [2]Jaén, Complejo Hospitalario Jaén, Jaén, Spain

*Corresponding author.
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Introduction: Even when sharing etiologic factors, the incidence of DM-1 is low in patients with schizophrenia. Both diseases can lead to cognitive impairment, but its difficult to define its origin. 33 years old male, with DM-1 and schizophrenia referred to Therapeutic Community for psychotic symptomatology control, cannabis consumption withdrawal, improvement of self-care and hipoglycemia control reach
Objectives: Nowadays toxic abstinent and adequate consciousness of disorder. Remarkable persistence of hallucinations both auditive and visual, mostly shown as delirium, pharmacologic treatment-refractary. During last months, he shows excessive absent-mindedness, recent memory failure and verbal declarative memory and psychomotor slowdown Analysis: unbalance glycosylated hemoglobin. MR: cortical-subcortical atrophy, very shocking his age. Endocrinology follow up it was decided to stablish an insulin pump, so metrics were regulated.
Methods: Neurological profile of the patient (deficit and slowdown attention capability) aggravation of symptoms according to glycaemia and disturbances in image test could lead to vascular origin. Attention deficit and excessive focus are symptoms of schizophrenia, but they are shown in the beginning, they tend to stabilize during years. Verbal declarative memory disruptions can be produced in both disorders
Results: Better glycemic control and changed to Lurasidone 37mg and Cariprazine 3mg objecting higher reactivity and less absent-mindednes
Conclusions: Cognitive impairment in DM is frequent in adults with severe and long evolving hypoglycemic episodes Regardless of its origin, the cognitive impairment in schizophrenia leads to serious impact in functional and pragmatic areas Further investigation will allow us to quantify the magnitude of cognitive effect in metabolic control so according strategies could be developed

Keywords: Diabetes mellitus; cognitive impairment; schizophrénia

EPP1175

Electroconvulsive therapy combined with clozapine in the management of ultra-resistant schizophrenia

S. Khouadja*, O. Charaa, R. Ben Soussia and L. Zarrouk

Psychiatry, University Hospital Of Mahdia., Mahdia, Tunisia

*Corresponding author.
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Introduction: Although clozapine is the gold standard for treating patients with resistant schizophrenia, clinical symptoms persist in approximately 40-70% of the cases even after a year of treatment with clozapine. Electroconvulsive therapy (ECT) has been tried as augmentation therapy in the management of ultra-resistant schizophrenia.
Objectives: To review recent studies concerning the effectiveness of ECT associated with clozapine in the management of ultra-resistant schizophrenia.
Methods: This is a review of the literature via Medline and Sciences direct. The database was searched using the keyword combination "clozapine" with "ECT", "resistant schizophrenia" with "ECT and clozapine" and "clozapine resistant schizophrenia" with "ECT" from 2010 to 2020.
Results: We found 4 reviews and meta-analyzes and 6 studies. According to the majority of recent reviews and meta-analyses studied, patients who were resistant to clozapine responded to the combination of clozapine and ECT in 54% of the cases. ECT by increasing the permeability of the blood-brain barrier facilitates the brain transmission of large molecules such as clozapine, thus promoting better efficacy of clozapine. The combination of ECT with clozapine was generally well tolerated in the majority of patients. The most frequently reported adverse reactions in the literature were memory impairment and headache. These effects did not appear to be chronic or persistent, but rather transient and mild. Other rare cases such as prolonged seizures, tachycardia, and confusion have been reported.
Conclusions: ECT associated with clozapine is an effective, relatively safe and tolerable treatment in the majority of cases.

Keywords: schizophrénia; Clozpine; Electroconvulsive therapy; psychiatry

EPP1176

A network analysis of executive deficits in patients with psychosis and their healthy siblings

G. Gil-Berrozpe[1]*, A. Sánchez-Torres[1], R. Lorente-Omeñaca[1], L. Moreno-Izco[1], E. García De Jalón[1], R. Hernandez Anton[2], V. Peralta[1] and M. Cuesta[1]

[1]Mental Health Group, Instituto de Investigación Sanitaria de Navarra (IdISNA), Pamplona, Spain and [2]PsiquiatrÍa, COMPLEJO HOSPITALARIO DE NAVARRA, PAMPLONA, Spain

*Corresponding author.
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Introduction: Psychopathological symptoms and cognitive impairment are core features of patients with psychotic disorders. Executive dysfunctions are within the most commonly observed deficits and the Wisconsin Card Sorting Test (WCST) is the test most extensively used for their assessment. Yet, the structure of