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

L. Soldado Rodriguez1*, S.S. Sánchez Rus2, G.M. Ruiz Martinez3 and A. Alvarado Dafonte1

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

*Corresponding author.

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 auditory and visual, mostly shown as delirium, pharmacologic treatment refractory. During last months, he shows excessive absentmindedness, 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 stabilish an insulin pump, so metrics were regulated.

Methods: Neurological profile of the patient (deficit and slowdown attention capability) aggravation of symptoms according to glycemia 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 absentmindedness

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; schizophrenia

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

S. Khoudja*, O. Charaa, R. Ben Soussia and L. Zarrouk
Psychiatry, University Hospital Of Mahdia., Mahdia, Tunisia
*Corresponding author.

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-analyses 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: schizophrenia; Clozapine; Electroconvulsive therapy; psychiatry

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

G. Gil-Berrozpe1*, A. Sánchez-Torres1, R. Lorente-Omeñaca1, L. Moreno-Izco1, E. García De Jalón1, R. Hernandez Anton1, V. Peralta1 and M. Cuesta1

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

*Corresponding author.

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