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.

Objectives: To illustrate the incipient phase of psychotic disorder though the presentation of a case.
Methods: A presentation of a clinical case.
Results: A 29-year-old man attends the emergency department due to anxiety of one moth of evolution, that had debuted after a stressful event in the patient's life such as loss of employment. He suffered from intense morning-predominance anguish, depersonalization episodes, insomnia, hallucinosis, cognitive blocks that occasioned him great anxiety and apragmatic behaviors. Besides, he had language alteration and autolytic ideation with previous autolytic gestures. After evaluation, he was diagnosed with psychotic episode. He was hospitalized, and treatment with olanzapine and lorazepam was started.
Conclusions: With the exhibition of this case, we intended to point up the importance of a differential diagnosis with different disorders marked by anxiety as the main symptom. In our case, panic disorder should be taken in account as a differential diagnosis. Furthermore, as the evidence shows, the identification of prodromic phases in schizophrenia allows an early diagnosis and early intervention, improving the prognosis.

Disclosure: No significant relationships.
Keywords: trema; Anxiety; Psychosis; anguish

EPV1412

Anticholinergic syndrome in a patient with schizophrenia

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Introduction: Anticholinergic syndrome (AS) is a complication that can appear due to different drugs with antimuscarinic effects, such as antihistamines, alkaloids, antipsychotics, tricyclic antidepressives or anesthetics, and it is characterized by urinary retention, dry mouth and skin, mydriasis, low-grade fever, and confusion or coma.
Objectives: To describe a clinical case of AS admitted to our hospital.
Methods: We present a case report of a patient with schizophrenia who presented an anticholinergic syndrome. We also searched for previous studies of AS using a pubmed query.
Results: A 53-year-old male was admitted for a psychotic decompensation to another hospital in Barcelona. The usual treatment at home was amisulpride 1200mg/d, olanzapine 30mg/d and lormetazepam, and haloperidol 6mg/d and clotiapine 40mg/d were added to treat the decompensation. Then, the patient started to present mydriasis, mucocutaneous dryness, low-grade fever, slight hypertension and tachycardia, repeated retentions of urine, confusion, unintelligible speech and agitation, so he was referred to our hospital. Once he was admitted, haloperidol was withdrawn and support measures (bladder catheterization, fluid therapy, etc.) were applied. After a few days, most of the mentioned alterations were stabilized, but the psychotic symptoms, such as thought and behavioural disorganization, persisted and required electroconvulsive therapy, with subsequent improvement.
Conclusions: AS is a relatively frequent side effect of psychiatric medication, which diagnosis is clinical, so, we must be capable to identify it and initiate early treatment to prevent possible complications. The first step, as reflected in the case described, is to stop the causative drugs, and apply support measures. Additionally, physostigmine can be used, as it is an effective antidote.

Disclosure: No significant relationships.
Keywords: anticholinergic; physostigmine; schizophrénia; Antipsychotics

EPV1414

Psychotherapeutic intervention for treatment of psychotic symptoms in patients with paranoid development. About a case

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Introduction: Psychotic symptoms are not exclusive to schizophrenia, they can be due to paranoid development and can be treated differently.
Objectives: The objective of this paper is to study, from the following case, the effect of psychotherapeutic treatment in patients with paranoid development.
Methods: A bibliographic search was performed from different database (Pubmed, TripDatabase) about psychological intervention for the improvement of paranoid symptoms. 20-year-old man, born into a family with marital problems, without difficulties in psychomotor development, socialization or academic performance, who began with behavioral alterations from the age of 5 that he had begun to suffer abuse from his father, showing aggressiveness towards other children and progressively worsening over the years: consuming cannabis, isolating himself, listening to protective voices and distrusting of people, to whom he responded aggressively believing that they wanted to harm him.
Results: Initially, he was treated with antipsychotics that were later suspended when acute psychotic symptoms were ruled out, diagnosing a paranoid development secondary to trauma, for which he had felt fear and defenselessness, and had learned to be alert and respond aggressively to everything he considered threatening, showing anger that he did not know how to express. During therapy, abstinence to drugs was worked on, therapeutic link, mentalization-based therapy, emotions, narrative techniques, trauma and systemic family therapy.
Conclusions: To conclude, we need to pay attention to development of pathologies like this so as not to rush with antipsychotics, when it may be due to a development secondary to trauma that needs to be treated psychotherapeutically.

Disclosure: No significant relationships.
Keywords: Trauma; mentalization-based therapy; Psychotherapy; psychotic symptoms