

domains of negative symptoms adopted, hinders the generalization of the results.

Disclosure of Interest: None Declared

EPV0923

The role of thyroid function on the occurrence and psychopathological exacerbation of delusional disorders: Two case studies and review of recent works.

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Introduction: Primary hypothyroidism has been extensively associated with the presence of depressive symptoms in major depressive and bipolar disorders; however, the association between psychosis and hypothyroidism has received less attention.

Objectives: We aimed to present two cases of patients with delusional disorder (DD) and hypothyroidism and review studies focused on this association.

Methods: (1) Two case studies of DD patients. (2) Narrative review on the association of hypothyroidism and psychosis by using PubMed database (2000-August 2022). Search terms: [Hypothyroidism AND (psychosis or delusional disorder)].

Results: *Two case-studies.* Case A: 58 year-old woman with DD who presented a worsening of psychotic symptoms in association with the occurrence of newly diagnosed hypothyroidism. Risperidone 1mg daily was initiated. A combination of levothyroxine 100 mcg/day and paroxetine 20mg/day was started. Case B: 51 year-old DD women with remission of delusional symptoms, who presented occurrence of depressive symptoms and panic attacks with agoraphobia. Olanzapine 5 mg/day and venlafaxine 225 mg/day were started combined with levothyroxine 75 mcg/day. *Review:* From a total of 159 records, 52 studies described an association between psychosis and hypothyroidism. Most of the studies are focused on the Myxedema madness, treatment of psychosis with comorbid hypothyroidism, and the role of thyroid function on emerging psychoses. Others: intellectual disability, epilepsy, psychosis, asthma, diabetes and heart failure. Genetic associations of Xq13 gene, encoding for nuclear receptors of thyroid receptors, with psychosis.

Conclusions: Many questions pertaining to DD and thyroid function remain unanswered. Treatment of hormonal comorbidities may be associated with a clinical improvement of psychotic symptoms.

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First psychotic episode due to immunosupresor medication

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Introduction: 48-year-old man from Spain who lived with his wife until he got divorced 4 months before starting the follow up in

Mental Health. The debut was in September 2021 with a hospitalization in the Brief-acute hospitalization unit due to florid psychotic clinic-

He consumed several drugs in his twenties (cocaine, marihuana and heroin IV) and was diagnosed of HIV at the age of 29. He abandoned the use of drugs after the diagnoses and keep good adherence to the antiretroviral treatment (Abacavir + Lamivudine + Efavirenz). At the age of 46 (January 2020), he was successfully transplanted a kidney. Afterwards, he started taking immunosupresor medication to avoid transplant rejection

At the few months of the transplant and the beginning of the immunosupresor medication, the patient became more irascible with moments of remarkable disinhibition and progressive abandonment of the work obligations.

In January of 2021, he got divorced after months of difficulties with his wife, married 28 years before, due to the mentioned problems as well as moments of bizarre and disorganized conducts and suspicion towards his wife with probable delusional jealousy. He, therefore, lost his job, house and marriage and started taking drugs again after 17 years of abstinence.

He was hospitalized in the Brief Acute Inpatient Unit in September 2021 with distrustful and hypervigilant attitude- He was suffering from delusional ideation of harm and persecution with high distress and emotional repercussion. He also presented disorganized conduct and probable auditory hallucinations. He was positive to amphetamines and cocaine After 3 days without consuming; there was no remission of the clinic.

Objectives: Discussing the association between the initiation of immunosupresor medication and the beginning of psychotic clinic

Methods: First psychotic episode (FEP) has a likely consequence of the initiation and maintenance of Tacrolimus -due to a kidney transplant- with the concomitant abuse of amphetamines and cocaine as a trigger factor.

The psychotic clinic progressively remitted in one week after the administration of 3 mg/day of risperidone.

The antiretroviral treatment was changed due to the poor adherence during the disorganization period. The tacrolimus was not removed because of the good response to the neuroleptic and the risk of transplant rejection

Results: The patient started with prodromic symptoms of psychosis at the time he began with the immunosupresor medication. Progressively, the psychotic clinic worsened with the consequence of a biographical break with the consequence of a divorce, the loss of work and home and a drug relapse.

Conclusions: There is evidence of the association between psychotic episodes in people with no psychiatric history and the immunosupresor medication for the kidney transplant (Above all, tacrolimus). This case remarks the need of an exhaustive medical anamnesis in the diagnosis of psychiatric pathologies.

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Risk assessment of aggressive behavior in schizophrenia and schizoaffective disorder : a cross-sectional study

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