

scales of the PANSS (positive, negative, and general;  $p < 0.05$ ) and DDD ( $p < 0.01$ ).

VARIABLES	DUP
WHOQOL_SOCIAL_RELATIONSHIPS_DOMAIN_ADMISSION	$r_s = -.448^*$ $p = 0.018$
PANSS_NEGATIVE_ADMISSION	$r_s = .424^*$ $p = 0.035$
PANSS_NEGATIVE_DISCHARGE	$r_s = .638^{**}$ $p = 0.001$
PANSS_POSITIVE_DISCHARGE	$r_s = .455^*$ $p = 0.022$
PANSS_GENERAL_DISCHARGE	$r_s = .518^{**}$ $p = 0.008$
PANSS_TOTAL_DISCHARGE	$r_s = .564^{**}$ $p = 0.003$
DDD_DISCHARGE	$r_s = .539^{**}$ $p = 0.005$
DAYS OF HOSPITALIZATION	$r_s = .429^{**}$ $p = 0.032$

**Conclusions:** Our results are in line with the current literature on DUP, showing it leads to a worse prognosis, with a more severe clinical course, with the need for extended hospitalizations, a worsening of social relationships, and a higher dosage of medication.

Thus, DUP may be a potentially modifiable prognostic factor. It is possible that FEP patients with negative symptoms dominance may have a more insidious onset and, therefore, the search for treatment may be delayed. Conversely, if there is a mechanism by which DUP influences the symptom profile, its knowledge may lead to a better understanding of psychosis and improved treatment options.

Importantly, DUP showed stronger correlations with the severity of the clinical picture at discharge than at admission, suggesting that longer untreated psychosis may also predict poorer treatment response.

**Disclosure of Interest:** None Declared

## EPV0918

### Brief reactive psychosis....again! - Clinical case report

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**Introduction:** Brief psychotic disorder according to the DSM-5 is a condition of sudden onset lasting less than 1 month followed by complete remission with possible future relapses, characterized by the development of psychotic conditions. The duration of the illness is a differentiating factor from other disorders such as schizophreniform psychosis or schizophrenia. When there is a stressful event at the origin of the psychotic symptomatology, it is also called brief reactive psychosis. The pathophysiology of BPD is not known, especially given the extremely low incidence of the disorder. This condition most often affects people in their 20s, 30s, and 40s, and its higher prevalence among patients with personality

or mood disorders may suggest an underlying biological or psychological susceptibility that may have some genetic influence.

**Objectives:** To describe the main diagnostic considerations, clinical manifestations, treatment, prognosis and prevention of brief reactive psychosis through the description of a clinical case that developed two episodes of brief reactive psychosis in a period of 1 year and to emphasize the importance of maintaining treatment for a period of suitable time.

**Methods:** Case report and literature search with the terms: brief reactive psychosis, psychosis, neuroleptic, stressor event.

**Results:** We describe the clinical case of a 29-year-old woman, born in S. Tomé and Príncipe, previously healthy, with no personal or family history of mental illness, who had her first brief reactive episode after coming to Portugal. With the introduction of the 2nd generation antipsychotic, paliperidone, there was a substantial improvement in the condition, however, with the development of side effects having subsequently abandoned the treatment. About 1 year after starting work in Portugal, she develops a new event, a new psychotic episode, with characteristics of a brief psychotic disorder.

**Conclusions:** It is extremely important to alert patients to the possible side effects of drugs, as well as those who experience a brief psychotic episode, which are the risk factors and the need to comply with treatment in order to avoid a new relapse.

**Disclosure of Interest:** None Declared

## EPV0920

### “Embodied Psychomotor Therapy” in patients with Schizophrenia

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**Introduction:** Evidence from contemporary research has highlighted abnormal subjective pre-psychotic experiences as an expression of schizotropic vulnerability, for which trajectories up to First Rank Symptoms have been described. Embodiment is crucial to the conceptualisation of these experiences as the distinctive feature of schizophrenic phenomena. In fact, these are embedded in precise experiential frameworks such as Diminished Self-Affection and Hyperreflexivity, which constitute *in nuce* the experience of Dis-Embodiment. The latter responds poorly to conventional therapies, thereby affecting considerably the prognosis *quoad valetudinem* of Schizophrenia.

**Objectives:** This study is intended to explore the use of specific psychomotor therapy protocols aimed at fostering Embodiment in patients with Schizophrenia, especially by investigating its efficacy and specificity on self-perceived body disorders, on characteristic motor abnormalities and on psychopathological dimensions.

**Methods:** The study involves the participation of 20 patients throughout 10 weekly 90-minute meetings of Embodied Psychomotor Therapy (EPT) in groups of approximately 5 participants. Despite being partially inspired by current approaches, EPT is conceived as a specific activity intended for patients with schizophrenia: each meeting combines *intersubjective coordination*