

Part of this improvement could be related with a better efficacy on psychopathology and quality of life.

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Catatonic schizophrenia vs anti-NMDA receptor encephalitis – A video case report

A. Ponte^{1,*}, J. Gama Marques¹, L. Carvalhão Gil¹, C. Nobrega², S. Pinheiro³, A. Brito³

¹ Centro Hospitalar Psiquiátrico de Lisboa, Psychiatry, Lisbon, Portugal

² Centro Hospitalar Psiquiátrico de Lisboa, Neurology, Lisbon, Portugal

³ Hospital de Santo António dos Capuchos, Internal Medicine, Lisbon, Portugal

* Corresponding author.

Introduction Anti-N-methyl-D-aspartate receptor (anti-NMDAR) encephalitis is a treatable autoimmune disease of the CNS with prominent neuropsychiatric features that primarily affects young adults and children.

Objective To present the diagnosis course of a case of anti-NMDAR encephalitis in a patient with previous diagnosis of Schizophrenia.

Methods Analysis of the patient's clinical records and of a PubMed database review, using "anti-NMDAR encephalitis" as keywords.

Results We report a single case of a 33-year-old man diagnosed with Paranoid Schizophrenia in 2009 that after 1 year of treatment abandoned follow-up. Six years later, the patient presented to the psychiatric emergency department with persistent headaches, abnormal behavior and loss of motor skill. He was admitted to the psychiatric ward with a presumptive diagnosis of "Catatonic Schizophrenia" and began to manifest fluctuating catatonic symptoms (captured in video). Neuroleptics and benzodiazepines were tried without success. There was a clinical deterioration with autonomic dysfunction, breathing instability and seizures. Complementary exams revealed: EEG with slow base activity; brain MRI with right temporal pole and right frontobasal lesions compatible with head trauma; CSF with pleocytosis; and positive anti-NMDAR antibodies. Occult neoplasm was excluded. Treatment with high-dose steroids, intravenous immunoglobulins, followed by cyclophosphamide resulted in relevant clinical improvement.

Conclusions As early detection of antibodies may allow for earlier treatment of anti-NMDAR encephalitis, which is associated with better outcomes, we believe the present case underscores the importance of clinicians maintaining vigilance for neuropsychiatric symptoms that have not adequately responded to therapy.

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Study of the contributory factors to metabolic abnormalities in resistant schizophrenia

S. Ramos Perdigueis^{1,*}, A. Mane Santacana², P. Salgado Serrano², E. Jove Badia³, X. Valiente Torrelles³, L. Ortiz Sanz³, J.R. Fortuny Olive³, V. Perez Sola², F. Dinamarca³

¹ Nuestra Señora de Jesus, Spain

² Hospital del Mar, Psychiatry, Barcelona, Spain

³ Centre Dr. Emili Mira, Psychiatry, Santa Coloma de Gramanet, Spain

* Corresponding author.

Introduction Schizophrenia is a developmental disorder that includes non-psychiatric abnormalities [2]. Metabolic abnormalities prior to antipsychotic treatment exist. The clozapine metabolic profile causes clozapine underuse in resistant schizophrenia [1].

Objectives To correlate metabolic profile with psychiatric severity and compare the correlations between clozapine/non-clozapine patients.

Aims To determine possible contributory factors to metabolic abnormalities in schizophrenia.

Methods We cross-sectionally analyzed all patients from a Spanish long-term mental care facility ($n=139$). Schizophrenic/schizoaffective patients were selected ($n=118$). $N=31$ used clozapine. We paired clozapine and non-clozapine patients by sex and age and assessed metabolic and psychopathologic variables.

We compared psychopathologic variables between patients with/without cardiometabolic treatment and the differences between clozapine/non-clozapine groups.

Results We analyzed: 27 clozapine/29 non-clozapine patients. A total of 67,9% males with a mean age of 51.3 (SD 9.6) years. In the whole sample TG negatively correlated with Negative-CGI ($r: -0,470, P: 0.049$) and HDL-cholesterol correlates with Global-CGI ($r: 0,505, P: 0.046$). Prolactin correlated with the number of antipsychotics ($r: 0.581, P: 0.023$) and IMC ($r: 0.575, P: 0.025$). Clozapine group took less antipsychotics [Fisher ($P: 0.045$)] and had higher scores in total BRPS scale [t -Student ($P: 0.036$)]. They did not use more cardiometabolic treatment. There were no psychopathological differences between cardiometabolic treated/non-treated patients. In the non-cardiometabolic treated group ($n=35/62,5\%$), IMC negatively correlated with positive and total BRPS, positive, cognitive and global-CGI. We found negative correlations between metabolic parameters and psychopathology in clozapine (40%) and non-clozapine subgroups (60%). In the cardiometabolic treated group ($n=21/37,5\%$), we did not find these correlations in either of clozapine (61.9%) or non-clozapine (38.1%) subgroups.

Conclusions Severity [2], prolactin [3] and treatment [1] could play a role in metabolic parameters. In our sample we found negative correlations between psychopathological and metabolic parameters.

References not available.

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Awareness of illness and psychosis

R. Remesal Cobreros^{1,*}, R. Alonso Díaz², E. Cortázar Alonso², M. Andrés Villa³

¹ Hospital Juan Ramón Jiménez, Salud Mental, Aljaraque-Huelva, Spain

² Hospital Juan Ramon Jimenez, Salud Mental, Huelva, Spain

³ Universidad de Huelva, Psicología, Huelva, Spain

* Corresponding author.

Introduction One of the characteristics of Karl Jaspers approach to clinical practice was the importance he gave to the subjective experience by the patient. Patient's self-observation is one of the most important sources of knowledge of the psychic life of the patient. The lack of awareness of illness is quite common in psychotic spectrum.

Aim The aim of this paper was to examine and compare a group of patients diagnosed with psychosis disorder with another group with other mental disorders, in relation to their mental and emotional suffering,

Sample The sample was composed by 118 subjects with both sexes. It was divided into two groups: patients with a diagnosis of psychotic disorder and another one with other mental disorders.