

Objectives: To describe and compare inpatient admissions for FEP with substance misuse and its impact on clinical outcomes.

Methods: We conducted an observational and retrospective study, analyzing sociodemographic determinants and clinical data regarding the patients hospitalized for FEP, between January 2019 and June 2022, in the psychiatric unit at our hospital in Bragança, Portugal. We used logistic regression to estimate the effect of social determinants and other clinical data regarding the patients hospitalized for FEP with substance abuse.

Results: We included 78 patients in this study. Of these patients, 30% (n=23) reported substance (drugs or alcohol) misuse prior to hospital admission. Regarding only the patients with substance misuse, 96% were male and the median age was 31 years. Cannabis was the most often reported substance of abuse (83%). Most of these patients were unmarried (OR:10.794; 95%CI:2.855-40.805; P=0.001), lived in a rural setting (OR:0.263; 95%CI:0.094-0.731; P=0.009) and had no previous psychiatric history (OR:1.022; 95%CI:0.386-2.709;P=0.964).Regarding hospital admission, 70% were involuntary admitted (OR:4;95%CI:1.408-11.366;P=0.007) and the median time of hospitalization was 17 days. At the time of discharge, 48% of these set of patients still didn't have insight into their mental illness (OR:1.737;95%CI:0.646-4.679;P=0.272). During the evaluation period of this study, 13% of the patients were readmitted to the hospital (OR:1.029;95%CI:0.241-4.383;P=0.970) and 35% missed outpatient appointments (OR:3.133;95%CI:1.003-9.791; P=0.044). The diagnoses at the time of discharge were: substance-induced psychosis (52%), schizophrenia (22%), affective psychosis (17%), and acute and transient psychotic disorder (9%).

Conclusions: This analysis indicates substance misuse predates and is prevalent in FEP. Many of these patients fail to recognize and accept that they are suffering from a mental illness and drop out of outpatient psychiatric care. Further, substance-induced psychoses are associated with a significant risk for transition to schizophrenia particularly following cannabis-induced psychosis. Thus, it is crucial to optimize adherence to the therapeutic regimen and outpatient follow-up.

Disclosure of Interest: None Declared

EPV1007

Comparative Efficacy of First and Second Generation long-acting injectable antipsychotic upon schizophrenic patients: a systematic review and network metaanalysis.

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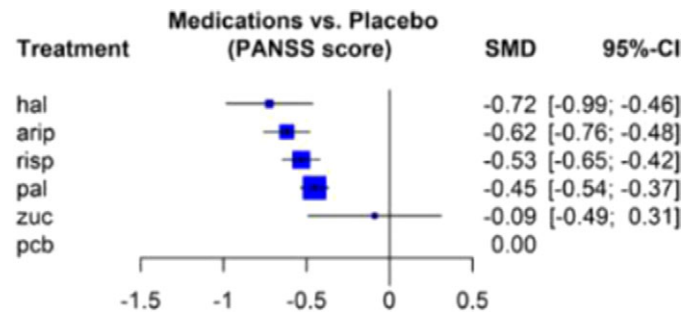
Introduction: Long-acting injectable antipsychotics (LAIs) are currently the most effective alternative for patients with schizophrenia who exhibit poor adherence. LAIs can lead the course of treatment with the potential to increase adherence in schizophrenia treatment.

Objectives: Present the results of a network metaanalysis on the comparative efficacy of LAIs in schizophrenia.

Methods: Included trials of adults with schizophrenia compared the efficacy of LAI vs LAI or placebo through the Positive and Negative Syndrome Scale (PANSS). Efficacy was evaluated through the standardized mean differences (SMD) from baseline to endpoint in the PANSS total scores.

Results: Results from 15 studies reported usable results for PANSS score (five antipsychotics compared) are shown in Figure 1. In hierarchical order, haloperidol, aripiprazole, risperidone, and paliperidone reduced the PANSS score significantly more than other drugs.

Image:



Conclusions: Most LAIAs are equally efficient at reducing overall symptoms, and differences between individual LAIAs are non-significant.

Disclosure of Interest: None Declared

EPV1008

FAMILY-CENTERED COLLABORATIVE CARE FOR PATIENTS WITH CHRONIC MENTAL ILLNESS: A NARRATIVE LITERATURE REVIEW

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Introduction: Chronic mental illnesses are long-lasting and recurring, require continuous care as well as an integrated and collaborative approach to organize the care. This study sought to examine whether family center collaborative care is an acceptable treatment option for individuals with chronic mental illness.

Objectives: Is the family-centered collaborative care suitable for patients with chronic mental illness?

Methods: From the years 2000 to 2021, ten electronic databases relating to family-centered collaborative care for mental illness were searched adopting PRISMA's checklist

Results: After systematic search, 27 articles and a thesis were found. According to moderate to high quality qualitative research, family-

centered collaborative care was considered acceptable intervention, though a few studies supporting it.

Conclusions: This study examines theoretical, methodological, and practical considerations as a basis for more robust data collection based on individual experiences and evidence-based practice.

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EPV1009

A look back: Coenesthetic schizophrenia. A literature review.

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Introduction: We present the case of a 19-year-old patient who experienced a nonexistent moving sensation, increasing size and painful sensation on tongue, jaw and skull bones. Likewise, the patient showed high anguish, psychomotor restlessness and low mood, in relation to somatic symptomatology; which severely interfered in his life, dropping his university studies and his social life. He also presented thoughts of being victim of a complot of his classmates.

Objectives: To present a case report and to review the literature of coenesthetic schizophrenia.

Methods: Literature review of scientific articles searching in EMBASE and Pubmed. We considered articles in English and Spanish.

Results: Treatment with oral aripiprazole and sertraline was started, with progressive clinical improvement, decreasing somatic sensations until they disappeared, as well as mood improvement and remission of anxiety and psychomotor restlessness.

Coenesthetic schizophrenia was first described in 1957 by Gerd Huber. It is characterized by bodily sensations often combined with affective disturbances. Other symptoms that occur frequently are affective, vegetative, motor and sensory alterations. Typical schizophrenic symptoms are limited to brief psychotic episodes.

Conclusions: We consider knowledge of this entity important, given the differential clinical characteristics regarding to other presentations of schizophrenia, as well as the need to do a differential diagnosis with other disorders such as body dysmorphic disorder or hypochondriasis.

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EPV1010

Paraphrenia revisited: psychotic states arising later in life. Why do psychiatrists tend to overlook it?

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Introduction: In spite of the progress observed in the last decade particularly in the field of the neurosciences, areas of controversy and incomplete concepts still remain in psychiatry. One relates to the study the heterogeneous group of schizophrenic spectrum functional psychosis that arise along the neurophysiological aging process. Kraepelin first used the term paraphrenia in 1912, to describe a psychotic disorder with much lighter impairment of emotion and volition, minimal to no cognitive deterioration (dementia) and personality preservation compared to *dementia praecox*. However, since its first descriptions, late-onset psychoses have received different descriptions and definitions.

Objectives: Brief review of the evolution of paraphrenia concept, focusing not only on pioneering currents, but also articulating it with recent conclusions on late-onset psychoses.

Methods: Systematic revision of literature.

Results: After Kraepelin pioneerism, Bleuler and Mayer-Gross would contribute to the weakening and disruption of the *Kraepelinian* concept of paraphrenia. In the first half of the 20th century, psychiatry was moving towards the dissolution of this concept. British psychiatrists would later rehabilitate the concept of paraphrenia but to designate a very late-onset variant of schizophrenia - late paraphrenia. This influenced the International Diseases Classifications (ICD), and the 8th edition was the first to consider paraphrenia as a subtype of paranoid schizophrenia.

By the end of the 20th century, both ICD-10 and various editions of DSM since DSM-III-TR (inclusive) omitted the category of paraphrenia, allowing the super-inclusiveness of the schizophrenia category and discouraging research on the theme.

In the late 20th century, late paraphrenia was conceived as a group of heterogeneous disorders that included paranoid and organic psychosis. To date, the term very late onset schizophrenia-like psychosis is the term used to replace late paraphrenia.

Conclusions: The nosological consecration of paraphrenia suffered several misfortunes over the last century. The schizophrenic psychosis "black-hole" conceived at the same time contributed to this concealment. In addition, modern pharmacology also allowed the neuroleptization and homogenization of disorders with psychotic symptoms which led to the devaluation of some diagnostic possibilities in the "neighborhood" of schizophrenia.

We propose a nosological frame composed of two distinct entities: one based on a neurodevelopment disorder - schizophrenia - with insidious onset at a younger age, with a hereditary background and greater global deterioration, an the other, with a neurodegenerative basis - paraphrenia - with an abrupt and later onset, less contribution of genetic factors, greater preservation and lower probability of dementia development.

Disclosure of Interest: None Declared