

Objectives: Therefore, this study investigated whether these electrophysiological characteristics differentiate schizophrenic patients from healthy controls.

Methods: This was a cross-sectional, descriptive, and analytical case-control study. The selected patients were followed for SCZ at the psychiatry "C" department at the Hedi Chaker hospital of Sfax. Patients were assessed by the Positive and Negative Schizophrenia scale (PANSS) and the Treatment Adherence Scale (MARS). They all benefited from an EEG at the service of functional explorations in Sfax. Student's test was performed to compare the coherence values between groups.

Results: Thirty men including 15 schizophrenic patients and 15 age- and sex-matched controls were included. The average age was 40 years ± 12.72 years for schizophrenics and 47.93 ± 15.61 years for healthy controls. Schizophrenics had an average PANSS of 64.6 ± 22.7 , and an average MARS score of 5.8 ± 3.09 . In terms of intra-hemispheric coherence, Schizophrenic patients generally exhibited higher coherence at **the Delta band** compared to healthy controls. In contrast, schizophrenic patients appeared to have decreased intra-hemispheric connectivity for other frequency bands, particularly between the frontal and other brain lobes bilaterally.

Conclusions: In this study, we found that the schizophrenic patients had significantly higher coherence in the delta frequency band compared to the normal controls. These findings suggest that EEG can be a sensitive measure for diagnosing SCZ.

Disclosure of Interest: None Declared

EPV0989

EEG power spectrum analysis for Tunisian schizophrenic patients

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Introduction: Schizophrenia (SCZ) is a common and disabling psychiatric condition. Its diagnosis is entirely clinical. Many researchers have looked into electroencephalogram (EEG) power spectrum analysis for SCZ to find specific abnormalities.

Objectives: The objective of this study was to analyze the EEG of patients with SCZ using power spectral density and to compare them with those of healthy controls, in order to look for specificities.

Methods: This was a cross-sectional, descriptive, and analytical case-control study conducted with patients followed for SCZ in the psychiatry "C" department at the Hedi Chaker hospital in Sfax. Healthy controls were included. Patients were assessed by the Positive and Negative schizophrenia scale (PANSS). All participants benefited from an EEG at rest condition at the service of the functional exploration at the Habib Bourguiba hospital in Sfax. We have measured the powers of each band using Welch power spectral density method called absolute power (AP). Statistical analyses were carried out.

Results: Fifteen schizophrenics and 15 controls, all male, were included. The average age of schizophrenics and healthy controls

was 40 years ± 12.72 years and 47.93 ± 15.61 years respectively. There were no significant differences in age between patients and controls. Schizophrenics had a mean PANSS of 64.6 ± 22.7 .

At the quantitative EEG, differences appeared to be insignificant. There was an overall decrease in AP for the alpha band particularly in the parietal and occipital lobes in schizophrenics (53,16 $\pm 48,83$ μV^2 and 75,17 $\pm 56,28$ μV^2 respectively) compared to controls (335,15 $\pm 994,73$ μV^2 and 400,24 $\pm 1109,95$ μV^2 respectively). There was also an overall decrease in AP for the different frequency bands in schizophrenics compared to controls. However, values persisted high in the temporal lobe for all frequency bands.

Conclusions: In conclusion, this decrease in AP for the alpha band in the parietal and occipital lobes in schizophrenics can be a sensitive biomarker for diagnosing SCZ.

Disclosure of Interest: None Declared

EPV0990

Early detection and intervention of psychosis in children and adolescents in Zurich, Switzerland: Clinical Data from 2017-2022

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Introduction: The construct of a clinical high-risk (CHR) state of psychosis has been established to describe potentially prodromal symptoms which typically appear during adolescence and young adulthood. This is a very sensitive developmental period and the clinical high risk (CHR) is associated with increased functional impairment. To address the specialities in the care for this patient population a specialized outpatient care unit for early intervention in psychosis at the Department of Child and Adolescent Psychiatry and Psychotherapy, Psychiatric University Hospital, of the University Zürich (CAPS) is established. The interdisciplinary team (psychiatrists and psychologists) supports children and adolescents with psychotic disorders or at clinical high risk for developing psychosis. The early intervention service offers specialized assessment, treatment and case management for minors with a first psychosis or CHR-state in an outpatient or inpatient setting as well as by day clinic care.

Objectives: The evaluation main objective was to get a better understanding about this vulnerable patient group. Therefore we analysed the clinical data about CHR-state, comorbid diagnosis, treatment, medication and hospitalisation of the patients who entered the service for early intervention in psychosis.

Methods: Participants who entered the service for early intervention in psychosis were followed up in the years 2017-2021 and descriptive analysis was used to summarize the data. For the evaluation of the risk construct the participants have been classified in "no increased risk", "CHR" or "early onset psychosis" (EOP). Additionally, ICD diagnosis, demographics and treatment (medication, psychotherapy, treatment setting) were assessed. Therapy was either psychotherapy and/or group training called DBT2P (Dialectical behavioral group training for adolescents, to prevent

psychiatric disorders). Additionally, the use of a smartphone application “Robin Z”(add-on treatment tool to support the patients between the sessions) was assessed.

Results: In the last five years we saw 300 patients (112 female, mean age 15.7) who sought the care unit for early intervention. The evaluation of the risk showed that 44 patients had no increased risk, 205 were classified with a CHR and 51 fulfilled the criteria of an early onset psychosis (18.5%). Most of the patients showed comorbid diagnosis, mainly depressive disorders (42%). The data about the treatment will be analyzed for the congress.

Conclusions: Despite clinical implications, there is little data about early detection and early intervention in psychosis for children and adolescent. Therefore, the evaluation of the clinical data of the CAPS is of clinical importance and expected to add essential information in the fields of prevention and early intervention in psychosis.

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EPV0991

Visual Backward masking as an endophenotype of psychosis

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Introduction: Schizophrenia is a heterogeneous disease that is strongly influenced by genetic predisposition. A large variety of candidate genes have been identified, each of which, however, explains only a small proportion of the genetic risk for schizophrenia. Due to the complexity of psychiatric diseases, endophenotypes are of primary interest in psychiatric research. Endophenotypes are stable markers in-between the genotype and the phenotype and are thought to be associated with a small number of genes involved in the pathophysiology of the disease.

Objectives: To characterize a very sensitive candidate endophenotype of schizophrenia spectrum disorders, based on visual backward masking.

Methods: We tested first: Schizophrenia patients, their non-affected siblings, healthy controls and second: various populations of the schizophrenia continuum (bipolar and schizoaffective patients), as well as adolescents with psychosis, abstinent alcoholics, and depressive patients with a very sensitive masking technique.

Results: Schizophrenia patients and their siblings show strong performance deficits. Masking performance of relatives was significantly in between the one of patients and controls. Moreover, deficits were stable throughout one year. The shine-through paradigm distinguishes with high sensitivity and specificity between schizophrenic patients, first-order relatives, and healthy controls. Patients with first episode of psychosis, as well as adolescents with psychosis, have shown clear performance deficit. Deficits are specific to the psychosis spectrum and not evident in depressive patients and abstinent alcoholics.

Conclusions: Our results suggest that the shine-through masking paradigm is a potential endophenotype of the schizophrenia spectrum disorders.

Disclosure of Interest: None Declared

EPV0992

Persistent delusional disorder: psychopathological remission associated with clozapine-induced epileptic seizures

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Introduction: Persistent delusional disorder has some features similar to schizophrenia, although the functionality of patients with this diagnosis is usually higher and is diagnosed at an older age. Although the pharmacological treatment of schizophrenia has been studied extensively, there is not much data on the treatment of persistent delusional disorder. Regarding the use of clozapines specifically in persistent delusional disorders, there are some case reports with encouraging results. Electroconvulsive therapy is not generally used as a treatment for persistent delusional disorder.

Objectives: To reflect on the relevance of using electroconvulsive therapy in the treatment of persistent delusional disorder.

Methods: Through the description of a clinical case in which there was evidence of remission of resistant psychotic symptoms after clozapine-induced epileptic seizures, the authors hypothesize the existence of a direct relationship between the crisis and the resolution of a persistent delusional disorder.

Results: A.F., 78 years old, male. No personal history of psychiatric or medical-surgical illness. Admitted for psychotic decompensation framed in persistent delusional disorder. The patient underwent pharmacological treatment with resistance to three lines of antipsychotics. With the introduction of clozapine 100mg/day, the patient had two epileptic seizures, followed by complete remission of psychotic symptoms.

Conclusions: The clinical case described refers to a patient diagnosed with resistant persistent delusional disorder, with almost immediate resolution of the condition after epileptic seizures induced by clozapine. Taking into account the clinical response in our patient to two spontaneous epileptic seizures, we hypothesize that electroconvulsive therapy may be effective in the treatment of persistent delusional disorder.

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EPV0993

High risk of psychosis, condition or diagnosis? About a case.

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