

**Objectives:** To describe a complex clozapine initiation despite the presence of serious adverse effects and contraindications. The management of these adverse events, using effective multidisciplinary team leadership strategies, will also be described.

**Methods:** A case report will be presented. The challenges faced while using clozapine and strategies implemented to pursue the use of this medication will be described.

**Results:** A young black man with severe first episode psychosis was admitted to the early intervention outpatient clinic in Québec, Canada. Multiple aggression and critically disorganized behaviour prompted patient transfer to a specialized long-term care unit. Given the severity of the resistant disease and after a shared decision-making process with the family, clozapine was introduced despite ethnic neutropenia (down to  $0.2 \times 10^9/L$ ) and idiopathic cerebral lesions. Both gave rise to multiple concerns. A specific hematological surveillance protocol was designed. Facing multiple severe neutropenia episodes, the use of prophylactic granulocyte colony-stimulating factor (300 mcg SC weekly) was added after literature review and a favourable consult of both pharmacist and hematologist. Cardiac enzyme elevation also requested specialized investigation and follow-up. Specialized educators, social workers, and nursing all needed to be deeply involved in the treatment process and team coordination requested strong team building capacities. After 6 months, the patient is now taking clozapine 325 mg daily and his symptomatology has sufficiently reduced to allow hospital leave. The patient is now engaged in his recovery process.

**Conclusions:** Using an evidence-based approach, promoting expertise from multiple healthcare professionals, and allowing a substantial amount of time to develop team cohesion were all crucial elements of this success story.

**Disclosure of Interest:** None Declared

## EPV0947

### Post Cerebrovascular Stroke Catatonic Psychosis: A Case Report

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**Introduction:** Catatonia due to cerebrovascular stroke is a rare condition that needs further observation and research.

**Objectives:** To review the opinions of psychotic disorders experts worldwide as to this issue based on evidence and clinical experience and to consider strategies for future investigations.

**Methods:** This case shows a 64 years old female who suddenly developed wish for isolation, followed 10 days later by discontinuity of ideas, hallucinatory behavior and food refusal. She had verbal and physical aggression due to a fixed belief that family members are conspiring somehow to harm her.

**Results:** On examination she was mute with waxy flexibility and negativism. Extensor plantar reflex was evident. MRI Brain showed small vessel disease and right basal ganglia acute ischemic infarction. On IV midazolam 7.5 mg, patient's mutism, negativism and waxy flexibility improved. Lower limb Venous Duplex revealed acute right popliteal and left soleal veins thrombosis. CT

angiography showed Bilateral pulmonary embolism with no pulmonary infarction. D dimer was positive.

**Conclusions:** Early diagnosis and intervention improves outcome if psychiatric teams gives attention and has enough awareness with warning symptoms and prompt necessary interventions.

**Disclosure of Interest:** None Declared

## EPV0948

### A complex polymorphous psychosis or a cycloid psychosis with a different onset?

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**Introduction:** Acute and transitory psychotic disorders comprise a polymorphous picture such as Leonhard's cycloid psychoses, which alternate episodes of affective symptoms such as psychosis between two poles (anguish/happiness, incoherence/stupor, or akinesia/hyperkinesia).

**Objectives:** To describe a case report of a 20-year-old man, in outpatient psychiatric follow-up, after debuting at age 18 with a severe depressive episode of endogenomorphic characteristics without psychotic symptoms, with subsequent complete remission. Two years after clinical stability, he required prolonged hospitalization due to polymorphous psychotic syndrome of abrupt onset in a context of previous continuous use of cannabis and cocaine. Suspicion towards parents, bizarre behaviors, rushing desires, unmotivated laughter, fixed gaze, bewilderment, anguish with a feeling of imminent death, alternates with euphoria and senseless purchases.

**Methods:** We present the case report of this patient with a mental examination of conscious, scattered attention with marked distractibility, confusion and experiences of strangeness, memory gaps, subjective sensation of well-being with tachypsychia, which fluctuates with thymic oscillations and alternates with episodes of marked indefinite anguish, intense anxiety with delusional fear of the death of him or his family. Little systematized ideas of reference and prejudice based on intuitions or delusional occurrences in their environment. Megalomaniac and religious-messianic ideation. No sensory perception disturbances. Disintegrated course of thought, with frequent illogical associations, ambivalence of thought, affectivity and psychomotricity. Motor restlessness and behavioral disorganization. Global insomnia. Judgment of reality and superior functions diminished. No auto/heteroaggressiveness.

**Results:** Various psychoactive drugs were tested for two months, obtaining a response only with valproic acid 1500mg, pregabalin 450mg and olanzapine 15mg, presenting slow improvement in a situation of absence of consumption, with a predominance of symptomatic polymorphism, decreasing fluctuation between episodes of expansiveness and psychotic anguish, remitting disorganization and motility alterations, persisting poor awareness of the disease and cognitive complaints. He was referred for follow-up at the mental health center where his gradual recovery continued.

A differential diagnosis of polymorphous psychosis is proposed, compatible with a cycloid psychosis of the anxiety-happiness type with marked affective symptoms, precipitated by substance use.

**Conclusions:** Cycloid anxiety-happiness psychosis stands out for intense and fluctuating anxiety, oscillating with feelings of

happiness, ecstasy, and placidity, mystical-religious delusions, and preoccupation with death, which may comprise a different psychotic debut.

**Disclosure of Interest:** None Declared

## EPV0949

### 100 years of recovery and prognosis in schizophrenia

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**Introduction:** Recovery in schizophrenia is both widely accepted and commonly misunderstood. Researchers have described favorable outcomes for schizophrenia for the last 100 years. Nevertheless, many patients, relatives and clinicians view schizophrenia as a disease with an inevitable chronic course, as described by Kraepelin in 1889. The definition and measurement of recovery in schizophrenia have proven to be a difficult task. If defined by the remission of clinical symptoms, we have criteria that are operational, but is symptomatic remission sufficient to describe recovery? If looking at social recovery, outcomes related to recovery e.g., social life, employment or social engagement are not easily measured by reliable independent metrics. Thirdly, recovery can be described as a personal journey rather than a clinical endstate.

**Objectives:** The aim is to present a historical and global overview of 100 years of research in recovery in schizophrenia.

**Methods:** We conducted a systematic review and meta-analysis. We included prospective studies with at least 20 years of follow-up on patients with a diagnosis of schizophrenia, and the studies must include face-to-face clinical evaluation. We examined outcome in three nested groups: 'recovery', 'good or better' (i.e., good and recovery), and 'moderate or better' (i.e., moderate, good, and recovery). We used random-effects meta-analysis and meta-regression to examine mean estimates and possible moderators.

**Results:** The overview will start with Bleuler, who described that approximately one third have a good outcome, and end with the most recent meta-analyses on recovery in schizophrenia, presenting both data from our own research and others on the recovery of schizophrenia. Ultimately, we will discuss whether recovery have improved in the last 100 years.

**Conclusions:** It is a myth that schizophrenia inevitably has a deteriorating course. Recovery is certainly possible. Schizophrenia remains, however, a severe and complex mental disorder, exhibiting a limited change in prognosis despite more than 100 years of research and efforts to improve treatment.

**Disclosure of Interest:** None Declared

## EPV0950

### Fate of the first Brief Psychotic Disorder in hospitalised patients

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**Introduction:** Brief Psychotic Disorder (BPD), defined according to the DSM-5 by the presence of delusions and/or hallucinations and/or disorganised speech persisting for at least one day and less than one month, the disturbance not being due to a bipolar disorder or a schizophrenia spectrum disorder or to the effect of a substance. Classically, the prognosis of a BPD is considered to be divided between restitution ad integrum (30%), progression to bipolar disorder (30%), progression to schizophrenia (30%) or repetition of the same form (10%).

**Objectives:** The objectives of our study were to evaluate the evolutionary modalities after the first hospitalization for BPD after a follow-up of at least one year and to compare them with the data in the literature.

**Methods:** Our study was retrospective and descriptive. We reviewed the records of patients hospitalised in our department from 1 January 2014 to 31 December 2018 for a first BPD and assessed the subsequent course over a minimum period of one year.

**Results:** We included 70 records of patients hospitalized. Twenty-five patients (35.71%) were lost to follow-up after their first hospitalisation. The remaining patients (64.29%) were divided into 3 groups according to the above-mentioned evolutionary modalities (recovery, recurrence of BPD, progression to schizophrenia, progression to bipolarity). Results were in favour of an evolution towards bipolar disorder (35.55%), towards schizophrenia (44.44%), a relapse of the BPD (4.44%), while 13.33% of the BPDs had no future after an aftercare of at least one year. In addition, one case of evolution towards a chronic delusional disorder of the persecution type was observed.

**Conclusions:** In the present study, our results tend to be in line with the law of one-third described by some authors despite a slight discrepancy partly explained by the limitations of our study. Although, the outcome of BPD remains unpredictable. The minimum five years of evolution are decisive in assessing the subsequent prognosis.

**Disclosure of Interest:** None Declared

## EPV0951

### Aggressive behavior in patients hospitalised for a psychotic relapse

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**Introduction:** Patients in psychotic relapse may exhibit violent behavior towards objects, themselves or others. These behaviors,