

## EPV1340

### Risky Decision-Making in Schizophrenia: Examination of association between smoking, substance use and performance on the Iowa Gambling test: Pilot Study

P. Dannon\* and S. Kertzman

Tel Aviv University, Psychiatry, tel aviv, Israel

\*Corresponding author.

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**Introduction:** There are two common hypotheses to explain such high comorbidity between nicotine dependence and schizophrenia (SZ): self-medication for decreasing psychiatric symptoms or common environmental risk factors can predispose to both nicotine dependence and other risky behaviors in SZ

**Objectives:** Little is known about the influence of cigarette smoking comorbidities such substance use disorder (SUD), criminal history, or risky decision among patients with SZ.

**Methods:** The Iowa Gambling test (IGT) was administered to thirty-nine patients with SZ of whom 69% reporting cigarette smoking. Both groups were evaluated using a socio-demographic questionnaire and clinical assessment using PANSS and self-report questionnaire the Barratt Impulsiveness Scale (BIS-11). To evaluate decision making was evaluated with the Iowa Gambling Task (IGT).

**Results:** The full SZ sample performed worse on the IGT than normal population. Smokers with SZ performed significantly worse than nonsmokers on the IGT primarily because they preferred "disadvantageous" decks to a greater degree. The PANSS and impulsivity tendencies (BIS-11) did not predict overall performance on the IGT. Smokers with SZ had impaired affective decision-making. Behavior suggested preferential attention to the frequency amount of gain and inattention to amount of loss suggesting impairments in risk/reward decision-making

**Conclusions:** This study is the first to compare IGT in smokers and nonsmokers with SZ with adjustment of SUD, criminal history, and existing tattoo to further examine IGT performance. These results support the hypothesis that comorbidities between nicotine dependence and SZ can be linked to other common factor that is associated with other externalizing behaviors in SZ.

**Disclosure:** No significant relationships.

**Keywords:** substance use; decision-making; schizophrénia; nicotine

## EPV1338

### Catatonia; A Case Study and Literature Review

A. Ogunlela\* and H. Raai

SBH Health System, Department Of Psychiatry And Behavioral Health, New York, United States of America

\*Corresponding author.

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**Introduction:** Catatonia is a state of apparent unresponsiveness to external stimuli in a person who is awake. More common in patients with unipolar major depression or bipolar disorder. Common signs: immobility, rigidity, mutism, posturing, excessive motor activity, stupor, negativism, staring, and echolalia. We will discuss a case of a 23 year old male with schizophrenia presented with catatonia and decompensation of his schizophrenia in the context of medication non-compliance. We will discuss findings from literature pertaining to catatonia and treatment strategies.

**Objectives:** - To discuss catatonia, its incidence in different psychiatric disorders. - To discuss literature pertaining to catatonia. - To discuss different treatment strategies

**Methods:** - Case study

**Results:** - Signs of catatonia: immobility, mutism, withdrawal and refusal to eat, staring, negativism, posturing, rigidity, waxy flexibility/catalepsy, stereotypy, echolalia, or echopraxia, verbigeration. - Diagnosis: Clinical, Lorazepam challenge. Bush-Francis Catatonia Rating Scale (BFCRS) - BFCR scale is used as the screening tool. If 2 of the 14 are positive, prompts further evaluation and completion of the remaining 9 items. - Differential Diagnosis include; Neuroleptic Malignant Syndrome, Serotonergic Syndrome, Malignant Hyperthermia, Akinetic Mutism, Delirium, Parkinson's disease. - Lorazepam can be scheduled at interval doses until the catatonia resolves. - ECT in combination with benzodiazepines is used to treat malignant catatonia. - Possible complications are Physical trauma, malignant catatonia (autonomic instability, life-threatening), dehydration, pneumonia, pressure ulcers due to immobility, muscle contractions, DVT, PE

**Conclusions:** Psychiatrists need to be diligent in evaluating patients with Catatonia for other comorbid psychiatric conditions, addressing these conditions and conducting a thorough assessment and prompt treatment.

**Disclosure:** No significant relationships.

**Keywords:** Catatonia; Lorazepam challenge; schizophrénia; ECT

## EPV1340

### Capgras syndrome and poor facial emotion recognition

M. Zrelli<sup>1</sup>\*, E. Bergaoui<sup>2</sup>, N. Staali<sup>2</sup>, M. Moalla<sup>1,2</sup>, R. Lansari<sup>2</sup>, A. Larnaout<sup>2</sup> and W. Melki<sup>1</sup>

<sup>1</sup>Razi Hospital, Psychiatry D, Manouba, Tunisia and <sup>2</sup>Razi Hospital, Psychiatry D, Tunis, Tunisia

\*Corresponding author.

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**Introduction:** Capgras syndrome is a disorder of personal identification characterized by the delusional belief that one or more persons close to the subject have been replaced by physically identical doubles.

**Objectives:** To deepen our knowledge of the Capgras syndrome

**Methods:** A case report about a Capgras syndrome.

**Results:** We report the case of a 46-year-old female patient who was admitted in February 2021 for incoherent speech and behavior disorder against her family members. Three years ago, she started to have hypochondriacal concerns. A week before her admission, she threatened her husband with a knife and she was convinced that her daughters were dead and that they had been replaced by clowns. She had a Capgras delusion with a hallucinatory and interpretative mechanism against her daughters, she reported olfactory and cenesthetic hallucinations. Biological explorations and brain CT were normal. The PANNS scale showed a positive scale of 36, a negative scale of 39, the general psychopathology scale of 53. She had a total score of 30/40 on The Penn emotion recognition test. The patient had difficulty in recognizing low intensity emotions (0 or 1) and 50% of the false responses were for the neutral emotion with responses tending towards anger first and then sadness.

**Conclusions:** Capgras syndrome remains poorly described in the literature and the hypotheses concerning its origin often oscillate between neuropsychological and psychodynamic. With the recent

advances in neuroscience, it would be interesting to deepen its pathophysiology in order to place it in a more modern nosological framework.

**Disclosure:** No significant relationships.

**Keywords:** Capgras syndrome; face emotion recognition

## EPV1341

### Folie à deux, about a case

M. Palomo Monge<sup>1\*</sup>, M.F. Tascón Guerra<sup>1</sup>, M. Pérez Fominaya<sup>1</sup>, M.V. López Rodrigo<sup>2</sup>, A. Osca Oliver<sup>2</sup>, C. García Montero<sup>3</sup> and V. Ros Font<sup>1</sup>

<sup>1</sup>Hospital Nuestra Señora del Prado, Psiquiatría, Talavera de la Reina, Spain; <sup>2</sup>Hospital Nuestra Señora del Prado, Psiquiatría, Talavera de la Reina, Spain and <sup>3</sup>Hospital Provincial de Ávila, Servicio De Psiquiatría, Ávila, Spain

\*Corresponding author.

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**Introduction:** First described in France by Lasègue and Falret as the presence of the same psychiatric symptom in 2 individuals. It involves the transference of delusional ideas from a “primary” affected individual to one or more “secondaries,” in close association.

**Objectives:** We present the case of a patient, diagnosed with schizophrenia, who, after several years of evolution, and after a relapse, comes accompanied by his mother, who recently began to present the same delusional symptoms that the patient reported previously.

**Methods:** After several pharmacological adjustments, control of the patient’s symptoms is achieved and it is he himself who is able to identify the symptoms that his mother presents, allowing her to also attend and be treated.

**Results:** Induced delusional disorder F.24

**Conclusions:** Among the variants that the folie à deux encompasses (folie imposée, folie communiquée, folie simultanée, folie induite) in this case we are probably talking about a folie communiquée, given the resistance over time of the patient’s mother until the symptoms develop. It is important to know these syndromes to be able to make a clear diagnosis, and depending on the way of onset and evolution, to be able to distinguish between the different subtypes, in order to avoid future complications and guide the corresponding treatment.

**Disclosure:** No significant relationships.

**Keywords:** folie à deux; schizophrenia; psychotic; shared psychotic disorder

## EPV1342

### Gender differences in patients attending Early Psychosis Intervention Programme

A.B. Mulero García\*, E. Sánchez Martínez and C. Gómez Sanchez-Lafuente

Hospital Regional Universitario de Málaga, Ugc Salud Mental, Málaga, Spain

\*Corresponding author.

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**Introduction:** Studying the scope of differences found in terms of gender in First Psychotic Episodes patients, should enhance our understanding of such disorders and improve the therapeutic approaches.

**Objectives:** Our main objective was to compare the sociodemographic variables between men and women included in the Early Intervention Program in Psychosis of the Regional University Hospital of Malaga between the years 2016-2020.

**Methods:** Retrospective study in which the characteristics of 135 patients who started the Early Intervention Program in Psychosis of the Regional University Hospital of Malaga between the years 2016-2020 were analyzed. Statistical analysis was performed using SPSS 25.0. For the comparison of variables, Student’s t was used for quantitative variables and Chi square for dichotomous variables.

**Results:** Patients included in the Program; 32% were women and 68% were men. The average of age at the beginning was 35.56 for women and 28.47 for men. Most of the women were married and most of the men were single. The majority of men lived with their original family and for women with their own family. In relation with the consumption of toxins, alcohol and to smoke, were more frequent in men. More results in poster.

**Conclusions:** Despite the limitations due to our study design, the results obtained are in agreement with some of the discussions that are currently in force. Given that, female gender is associated with lower risk of psychosis, better premorbid adjustment, lower drug consumption and a later onset of the disease in the first-episode psychosis.

**Disclosure:** No significant relationships.

**Keywords:** Gender differences; Early Psychosis Intervention Programme; Psychosis; female gender

## EPV1343

### Results of the Employment-Activity Program (EAP) of the PEPsNA in patients with first-episode psychosis

L. Aranguren<sup>1\*</sup>, A. Aquerreta Unzué<sup>2</sup>, M.C. Ariz Cia<sup>2</sup>, L. Azcarate Jimenez<sup>2</sup> and A. Fernandez Falces<sup>2</sup>

<sup>1</sup>Osasunbidea, Primeros Episodios Psicóticos, Pamplona, Spain and

<sup>2</sup>Osasunbidea - Mental Health, Primeros Episodios Psicóticos, Pamplona, Spain

\*Corresponding author.

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**Introduction:** The Employment-Activity Program (EAP) of the PEPsNA aims that people develop or regain the occupational roles to which they aspire in their life after a first episode, due to the early ages affected by psychosis. Social-labor integration strategies (vocational rehabilitation and supported employment) are effective tools to improve the evolution of people with serious mental illness.

**Objectives:** Check the objectives achieved by the PEA, which in turn serves as a self-assessment, in order to improve our daily work.

**Methods:** Data related to employment/occupation are analyzed, (number of people who are active in employment or carrying out standardized studies, people with temporary labor disability or who repeat a year, sheltered employment, occupational center, long-term unemployment and others), instrumental functional capacity and neurocognitive status (CGI COG scale), occupational disability (WHODAS scale), social and occupational functioning (SOFAS scale) and quality of life (QLS scale)

**Results:** The rate of active persons with employment or standardized studies increases by 7.2% at 24 months, and the long-term unemployment rate decreases by 4.9%, the timing of the highest occupation being at 12-18 months of treatment, reaching 55% and the one with the lowest unemployment at 12 months, with 17.3%.