Objectives: To present the diagnostic challenges encountered in distinguishing ASD from Psychosis.
Methods: We present a case report demonstrating the challenges of distinguishing ASD from Psychosis.
Results: This is a case of a gentleman who initially presented to psychiatric services at 18 years old for conflicts with his mother related to his inflexibility to change. Further psychological evaluation revealed that he had a history of restricted social interaction with his peers, difficulties in non-verbal communications and identifying emotional states, stereotyped interests and obsessions that isolated him from his peers. He was diagnosed with ASD.
In subsequent presentations, there were symptoms of excessive preoccupation of his facial appearance, excessive concern over contracting HIV, obsessions with arranging objects in a particular order and avoiding words starting with the letter "S" out of fears of blasphemy. While these symptoms had qualities of cognitive inflexibility, they could not fully be explained by ASD. Additional diagnoses of Body Dysmorphic Disorder, Borderline Personality Disorder, Obsessive Compulsive Personality Disorder and At-Risk Mental State were considered.
A psychiatric admission was necessitated at 21 years old, when he presented with a 2-year history of repetitive banging of furniture in the middle of the night to communicate his frustrations towards his parents for their perceived acts of blasphemy. He also began to isolate himself, fearing that his parents would be able to look into his soul and reveal his sins. This paranoia towards his parents worsened to the point of urinating and defecating in his room to avoid his parents. His school performance declined as well.
A unifying diagnosis of psychosis was made. His previous diagnosis of ASD was challenged as a misdiagnosis, with the impression that he likely had attenuated psychotic symptoms in his adolescent years, disguised as autistic traits. The diagnosis of psychosis was confirmed when the patient's symptoms were observed to respond to antipsychotic treatment.
Conclusions: This case report illustrates the challenges in distinguishing ASD from psychosis. A prior diagnosis of ASD may result in diagnostic overshadowing and subsequent delays in diagnosing psychosis. Further research in diagnostic tools would be helpful for diagnostic precision, thereby enabling prompt treatment for better recovery outcomes.

Disclosure of Interest: None Declared

EPV1029

Amisulpride Augmentation in Schizophrenia Patients with Poor Response to Olanzapine: A 4-week, Randomized, Rater-Blind, Controlled, Pilot Study

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Introduction: Olanzapine (OLA) is a common first-prescribed antipsychotic and has shown favorable efficacy in acutely exacerbated patients with schizophrenia. The mixed receptor activity of OLA and its greater affinity for serotonin 5-HT2A rather than dopamine D2 receptors are similar to those of clozapine. Pharmacokinetically, OLA is metabolized mainly by hepatic cytochrome enzyme P450 1A2 (CYP1A2). Because risks of antipsychotic polypharmacy include increased drug-drug interactions, pharmacokinetic considerations are important for selection of antipsychotics to be combined. Due to its pharmacological characteristics, amisulpride (AMI), another atypical antipsychotic with proven efficacy, is a promising adjuvant agent of special interest. AMI is unlikely to interact with other drugs due to the low plasma protein binding and metabolism and does not affect the activity of the CYP system. Furthermore, AMI is highly selective for dopamine D2/D3 receptors; has minimal or no affinity for D1, D4, or D5 receptors. Despite the potential benefits of the combination of OLA and AMI, only a few open-label studies have been conducted, and no randomized clinical trial has been performed to date to examine the efficacy and tolerability of the combination. Hence, the goals of this study were to test the hypothesis that AMI augmentation would improve psychotic symptoms and be well tolerated in schizophrenic patients who showed poor response to OLA monotherapy.
Objectives: The purpose of this study was to compare the efficacy and tolerability of continued olanzapine (OLA) versus amisulpride (AMI) augmentation in schizophrenic patients with poor response to OLA monotherapy.
Methods: The present 4-week, randomized, rater-blinded study included 25 patients with schizophrenia who were partially or completely unresponsive to treatment with OLA monotherapy. Eligible subjects were randomly assigned at a 1:1 ratio to continuation of OLA monotherapy (OLA group) or OLA with AMI augmentation (AMI group). Efficacy was primarily evaluated using the Positive and Negative Syndrome Scale (PANSS) at baseline and at 1, 2, and 4 weeks.
Results: The changes in PANSS total score and PANSS-positive subscale score were significantly different ($p < 0.05$) between the OLA and AMI groups. The differences between the two groups in PANSS-negative subscale, PANSS-general subscale, Brief Psychiatric Rating Scale, and Clinical Global Impression-Severity (CGI-S) scale scores were not statistically significant.
Conclusions: AMI augmentation could be an effective strategy for patients with schizophrenia who show inadequate early response to OLA monotherapy.

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EPV1030

Jobs Stress and Prodromal Psychosis among Employees with Different Job Occupations Abstract

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Introduction: As social stress includes social isolation, urban living, trauma and many other stressful events but social stress in context of workplace or job stress includes different factors. As in the case of social stress present at job place can be identified as a stress that is caused by planned social isolation or lack of social