

diazepam 10 mg daily. He presented with increased delusional intensity for a year. Hospitalized for treatment with ECT, submitted to 12 sessions with bitemporal stimuli, with effective convulsions. MoCA, PANSS and BPRS were applied before and after treatment, with an increase of 25% in MoCA and a decrease of 47.3% and 57.9% respectively, in the psychotic symptoms scales.

Conclusions: We present a case of schizophrenia resistant to treatment with multiple antipsychotics, including clozapine. ECT was used, with clinically demonstrated efficacy. In the future, it might be interesting to study in detail the mechanism of action of this treatment with the goal of deepening the knowledge of the neurobiology of schizophrenia.

Disclosure: No significant relationships.

Keywords: treatment resistant; schizophrenia; ECT

EPV1385

A case report of de novo psychosis after epilepsy surgery

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Introduction: Epilepsy is a common and severe neurologic condition, with a high prevalence of psychiatric comorbidity. Epilepsy surgery has been used for its treatment, resulting in remission or significant reduction of crisis. An improvement of previously existing psychopathology has been more frequently described, however its exacerbation or *de novo* psychopathology post-surgery has also been reported. The prevalence rate for post-surgery psychosis is 1.1%. There are no clear risk factors associated to this condition, or a proposed pathological mechanism. However, most cases described in the literature are of patients submitted to temporal lobectomy.

Objectives: Description of a clinical case of a first-episode psychosis post-epilepsy surgery and review of the literature.

Methods: Description of a clinical case. Non systematic review of the literature, searching the terms “psychiatric”; “psychosis”; “epilepsy surgery” in the databases Pubmed, Medline and Cochrane.

Results: Male, 29-year-old patient, diagnosed with refractory temporal lobe epilepsy. Neuropsychiatric history of mixed adaptation disorder, treated with escitalopram 10 mg daily. Submitted to anterior temporal lobectomy with no complications. On the 6th day post-surgery, he developed persecutory and self-referent delusions. There’s no evidence of other causal factors. Treated with paliperidone 3 mg daily with symptom remission after one week. The diagnosis of brief psychotic disorder was made.

Conclusions: We present a case of a *de novo* psychotic disorder, a rare complication of epilepsy surgery. In the future, it might be interesting to study this association in detail, with the goal of deepening the knowledge of the neurobiology of psychosis, particularly the involvement of temporal circuits.

Disclosure: No significant relationships.

Keywords: epilepsy surgery; epilepsy; Psychosis; brief psychotic disorder

EPV1386

Variation in cognitive insight processes between schizophrenia and bipolar disorder in a Tunisian population

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Introduction: Cognitive insight is a relatively recent concept referring to the ability, not only to reassess unusual experiences objectively after corrective feedback but also to distance oneself from them and it seems to be specifically altered in schizophrenia. Yet, despite its importance in the understanding of psychotic symptoms, this process has never been studied in the North African population.

Objectives: Therefore, this paper aims to compare cognitive insight performances between two Tunisian psychiatric populations and to explore its relationship with other cognitive processes.

Methods: The study population comprised 17 participants with schizophrenia, 9 with bipolar disorder, and 30 healthy controls. The groups were paired for age, education level, and socioeconomic status. We assessed depression, global executive functioning, verbal episodic memory, metamemory (online and offline), and cognitive insight. The latter was evaluated by the Beck Cognitive Insight Scale.

Results: The results showed that, compared to the other groups, participants with schizophrenia obtained a lower self-reflectiveness score and a higher self-certainty score, resulting in a significantly lower composite index. These findings seem to indicate the alteration of cognitive insight in schizophrenia. However, no significant differences were found between the other two groups. Moreover, correlational analyses showed that cognitive insight components were only associated with metamemory indices which proved to be the best predictors of this ability, along with the global executive score.

Conclusions: In conclusion, our data seems to corroborate the international literature reporting a cognitive insight deficit in schizophrenia. However, further research is needed in order to better understand the specific processes underlying this metacognitive function.

Disclosure: No significant relationships.

Keywords: schizophrenia; cognitive insight; Tunisian population; bipolar disorder

EPV1387

Multifamily therapy in first episodes of psychosis: a pilot study

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Introduction: Multifamily interventions have shown to reduce the risk of relapse of psychotic symptoms in first episodes of psychosis (FEPs) but are not frequently implemented in specific treatment