

which aim to decrease self-stigmatization tendencies among patients with mental illness.

**Keywords:** values; self-stigmatization; implicit self-stigmatization; schizofrenia

### EPP1237

#### Determination of cognitive domain involvement in a sample of patients diagnosed with schizophrenia and cardiovascular risk factors.

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**Introduction:** Schizophrenia it's a deteriorating illness, where the cognitive impairment it's one of the predominant components in this process. Theory of neurodevelopment, the most widely recognized, explains that cognition will depend most of it, on premorbid development. However, other factors explain this impairment, such as the cardiovascular risk factors (CVRF).

**Objectives:** The purpose of this study is to determine cognitive impairment and the domains affected in a sample of patients who suffered schizophrenia and almost one CVRF.

**Methods:** Cross-sectional study. Patients diagnosed with schizophrenia and at least one poorly controlled CVRF (diabetes, hypercholesterolemia, arterial hypertension or active smoking) were selected. Screen for Cognitive Impairment in Psychiatry (SCIP) scale was used to evaluate cognitive impairment and the domains affected.

**Results:** Preliminary data of twenty patients were included (60% men, mean age: 50 years). At CVRF in the sample, no diabetes was found, 75% had hypercholesterolemia, 15% arterial hypertension and 20% active smoking. SCIP scale showed deficits in word learning and delayed learning in 95% of the sample (n=19). The domain less affected was verbal fluency, affected in 55% of the sample (n=11). Additionally, moderate to severe cognitive impairment was observed in 65% of the sample (n=13).

**Conclusions:** More than half of the patients with schizophrenia and CVRF have a moderate to severe cognitive impairment. Intervention at CVRF could reduce the severity of cognitive impairment, improving functionality in these patients.

**Keywords:** schizofrenia; cognitive impairment; cognitive domains; cardiovascular risk

### EPP1238

#### Schizoaffective disorder: Nosological controversies and absence of specific treatment guidelines.

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**Introduction:** Schizoaffective disorder is a psychotic disorder of controversial nosological entity. Affective symptomatology and psychotic features of varying intensity coexist simultaneously in him throughout evolution. The lack of consensus on the existence of this entity determines its diagnostic delay and the absence of specific treatment guidelines.

**Objectives:** To review the diagnostic criteria for schizoaffective disorder and the published scientific evidence on the efficacy and safety of the different therapeutic options available. To analyze the efficacy of a multidisciplinary treatment plan implemented in an intensive follow-up program, presenting the evolution of a clinical case.

**Methods:** To review the psychiatric history and psychopathological evolution of a patient diagnosed with schizoaffective disorder from the beginning of an intensive follow-up program in a day center to the present. Review the existing scientific evidence on the usefulness of the treatments used in this nosological entity.

**Results:** This is a longitudinal and retrospective study of a clinical case in which the areas for improvement are analyzed before implementing a multidisciplinary therapeutic program and the favorable results obtained today. Currently, the patient is euthymic and attenuated and chronic positive and negative symptoms persist that do not interfere with his functionality.

**Conclusions:** From the implementation of an individualized, personalized and multidisciplinary maintenance treatment plan, an overall improvement in psychopathological stability and functional recovery is observed. Among the psychopharmacological options in this patient, Paliperidone Long Acting Injection (PLAI) stands out for its long-term efficacy and safety.

**Keywords:** schizoaffective disorder; Paliperidone Long Acting Injection (PLAI); multidisciplinary treatment plan; nosological controversies

### EPP1239

#### Bleuler's a or autism spectrum disorder in adults?

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**Introduction:** Nowadays we know that autism spectrum disorders (ASD) and Schizophrenic spectrum (SS) are different types of disorders in their etiology, symptoms and prognosis, but the clinical distinction is often difficult to make due to comorbidity and similar symptoms.

**Objectives:** With this project, the authors intend to explore the differential diagnosis between ASD and SS specially when we talk about critical ages of onset.

**Methods:** An analysis of articles searched on Pubmed (articles between 2010-2020) with the key words "adult autism", "childhood onset schizophrenia", "childhood psychosis".

**Results:** Early-onset schizophrenia (EOS) is defined as occurring before age 18 years. The condition share key diagnostic symptoms with adult-onset schizophrenia (AOS) but his prognoses and comorbidities differ. Autism spectrum disorder (ASD) is a common neurodevelopmental disorder characterized by difficulties since early childhood across reciprocal social communication and

restricted interests and behaviors. ASD is a lifelong neurodevelopmental disorder, however there is a lack of answers and research for adults with ASD. There are shared aspects of odd thinking, rigid behaviors and impaired socialization in schizophrenia and ASD and COS seems to have a strong relationship with ASD, being comorbid in up to 50% of cases.

**Conclusions:** Usually the evaluation of the developmental history of the person, prodrome and onset, its course and the presence of positive symptoms of schizophrenia is enough to help us find a diagnosis. Unfortunately, in some ages the conclusion is not so easy to find. However is essential to determine whether the clinical manifestations belong to the autistic spectrum, the schizophrenic or result from comorbidity.

**Keywords:** autism; childhood onset schizophrenia; childhood psychosis; Early-onset schizophrenia

### EPP1240

#### What is the best approach for patients with prolonged duration of untreated psychosis (DUP) - about 2 clinical cases with dup longer than 10 years

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**Introduction:** Studies have consistently found that many individuals with psychosis experience significant delays before receiving treatment. DUP refers to the period between the emergence of psychotic symptoms and the initiation of appropriate clinical treatment.

**Objectives:** To review current knowledge on the best approach for patients with schizophrenia (SCZ) and prolonged DUP.

**Methods:** Non-systematic review of literature through search on PubMed database, following the terms "DUP and treatment" and "impact of longer DUP". Two clinical cases are described.

**Results:** The clinical cases describe patients with SCZ with DUPs older than 10 years, in whom we could not achieve complete clinical remission after several therapeutic trials and whose prognosis was admitted as reserved. Longer DUP is an independent predictor of poorer outcome in SCZ, including the poor response to treatment and difficulty in achieving remission, predicting treatment resistance. Identifying treatment-resistant patients is crucial due to the importance of initiating clozapine as early as possible since the chances of responding are higher.

**Conclusions:** DUP is a key prognostic variable in psychosis, revealing the significance of early treatment. Patients with long DUP should be regarded as at high risk of poor recovery. The detection of these patients enables clinicians to avoid unnecessary exposure to ineffective treatments while effective interventions are delayed. However, in view of adverse side effects of clozapine, future studies need to examine relevant predictors to detect accurately non-responders. We also suggest further studies to understand if there is correspondence between DUP and different stages of the disease that justify these results.

**Keywords:** schizophrenia; duration of untreated psychosis; psychosis; clozapine

### EPP1242

#### Adherence to treatment in patients with delusional disorder - study of acute inpatient population in psychiatry ward between 2007-2017

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**Introduction:** Delusional disorder is a mental illness in which delusions are the dominant symptom. Delusional disorder is not well studied relative to other psychotic disorders - it is poorly understood in practically every aspect of its nature, including cause, phenomenology, prevalence, comorbidity, course, treatment, and prognosis.

**Objectives:** To study the clinical and sociodemographic characteristics of individuals admitted for inpatient treatment with the diagnosis of delusional disorder, in particular the adherence to treatment.

**Methods:** Retrospective observational study of inpatient treatment of patients with delusional disorder diagnosis between January 1<sup>st</sup> 2007 and 31<sup>th</sup> December of 2017 in the Psychiatry Service of CHUSJ. Follow up of 2 years from discharge. Data collected included sociodemographic characteristics and clinical features. Descriptive analysis of the results was performed using SPSS (v.26).

**Results:** In the period of time analyzed, 152 hospitalizations were identified, corresponding to 114 patients: 38.2% male and 62.8% female. The average age was 58 years. 3 months after discharge: 65% of patients were going to the medical appointments, which dropped to 60% in 6 months, 55% in 12 months, 53% in 12 and 24 months. Regarding adherence to the treatment: 65% of patients were still adherent to medication in 3 months time, 55% in 6 months, dropping to 50% in a year and to 48% in 2 years. There is a relation between involuntary discharge and adherence to consultations and medication.

**Conclusions:** A cardinal characteristic of delusional disorder, conviction that one is not mentally ill, contributes complexity to the treatment challenges and profoundly affects the therapeutic relationship.

**Keywords:** Delusional disorder; treatment adhesion

### EPP1245

#### The impact of social cognition deficits on real life functioning in 22q11.2 deletion syndrome: A comparative study with a large population of patients with schizophrenia.

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**Introduction:** 22q11.2 Deletion Syndrome (22q11.2DS) represents a congenital syndrome with several clinical features. It entails a 25% risk of psychotic onset in lifespan. 22q11.2DS is a reliable model for biological vulnerability to schizophrenia.