

different ways, can present with overlapping symptoms, both negative symptoms like deficits in social–emotional reciprocity and engagement (Trevisan *et al.* Front.Psych; 2020;11:548), and positive symptoms like delusions and hallucinations (Ribolsi *et al.* Front Psychiatry; 2022;13:768586).

Objectives: To discuss the diagnostic challenges between ASD and SZ in patients presenting with both positive and negative symptoms.

Methods: In addition to describing a case report of a man with negative symptoms and presumptive psychotic symptoms, research was undertaken in PubMed and other databases using the keywords “autism spectrum disorder”, “schizophrenia” and “multiple sclerosis”.

Results: A 26 year-old man was involuntarily admitted to the in-patient unit due to persecutory delusions, irritability, social isolation and cognitive symptoms. He had also been recently diagnosed with Multiple Sclerosis (MS). These symptoms had begun 5 years prior, intensifying over time, leading to the hypothesis of First Episode Psychosis, with a probable recent escalation secondary to the flaring up of MS. Through a detailed clinical history, we discovered that, in fact, the patient exhibited conduct changes since early adolescence: restricted and repetitive behavior, social isolation, reduced tolerance to opposition, cognitive rigidity, circumscribed interests and puerile contact. This led to the development of great hostility towards his family members, whenever his wants weren't met (most of them mismatched with reality), resulting in isolation from the family and the sending of aggressive messages and emails, even though his parents always tried to provide the patient with everything he wanted, explaining the assumption of persecutory delusions. Intramuscular risperidone and clozapine were initiated for irritability and cognitive symptoms, respectively, with minimal improvement in both, maintaining however every other symptom described.

Conclusions: Despite the current distinction between ASD and SZ, they still share many similarities, increasing the difficulty of determining an exact diagnosis. We present a case with negative and cognitive symptoms, that can fit in both conditions, and positive symptoms that fit in SZ. It's possible to understand that the delusions may not be primary, but secondary to social interpretation bias, common in ASD patients, and that part of the cognitive symptoms can be due to MS. The suboptimal response to antipsychotics also makes us lean more to the presence of ASD with temporary psychotic symptoms instead of a primary psychotic disorder.

Disclosure of Interest: None Declared

EPV1285

Diagnostic delays in schizophrenia with catatonic symptoms mimicking conversive disorder

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Introduction: Notwithstanding the drastic reduction in the prevalence of catatonic symptoms in schizophrenia with the development of anti-psychotic treatment regimens since the 1950's, a subgroup of patients still presents mostly such symptoms, associated with worse long-term prognosis.

Objectives: Discuss the challenges surrounding the diagnosis and clinical management of patients with schizophrenia with catatonic symptoms.

Methods: In addition to describing a case report of a male with catatonic symptoms mimicking conversive disorder, research was undertaken in PubMed and other databases using the keywords “conversive disorder”, “catatonia” and “schizophrenia”.

Results: A 29-year-old male patient, a former Geology BA student followed by Psychiatry in our hospital for conversive symptoms – namely mutism and sudden episodes of motor paralysis with no changes in the neurological examination or imaging exams - and admitted twice for that reason in the prior 6 months, was brought to the ED by police after an attempted self-injury with a knife. The family reported for the past week sleep-wake inversion, social isolation, compulsive smoking, refusal to eat any homemade food, soliloquies, staring at the walls for no reason and, in the last 3 days, post its with messages such as “I sinned” or “I disappointed God”. In the ER, the patient engaged in mutism, with negativism in his posture. Considering the high suicide risk and the presence of psychotic symptoms, including persecutory, poisoning and mystical delusions as well as likely auditive-verbal hallucinatory activity, he was admitted again, this time in involuntary regime. To exclude secondary causes, both blood samples and imaging techniques (first head CT and later MRI) were ordered. The bloodwork revealed increased levels of CK without any other significant findings, and imaging techniques also had negative results. In the psychiatric ward, the patient engaged in selective mutism towards the medical team, likely in a context of persecutory delusions. Due to the prominence of negative symptoms and lack of adherence to treatment, we choose to treat with intramuscular paliperidone and sertraline, 50 mg. With this treatment, the patient started feeding himself again, resumed a daily routine and ceased his mutism. Yet, he remained highly defensive psychopathologically, with very poor speech content and severe affective blunting. He was discharged with the diagnosis of schizophrenia and has been followed in outpatient visitations, remaining clinically stable.

Conclusions: Catatonic schizophrenia in its first presentation can be confused with conversive disorder, given the fact both may share movement disorders, in psychotic patients who collaborate very little with psychiatrists, requiring a careful combination of anamnesis, mental state examination and gathering of information with family members or others close to the patient.

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EPV1286

On the issue of psychopathological analysis of a work of fiction using the example of Dostoevsky's “The Double”

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Introduction: Vladimir Chizh, who replaced Emil Kraepelin in the Department of Psychiatry at the University of Dorpat in 1891, counted no fewer than 30 characters with psychoneurological

disorders in Dostoevsky's works, beginning with the main character of "The Double," written in 1846.

Objectives: Try to answer the following questions: (1) Should a psychopathological analysis of a literary work include elements of the author's psychobiography, psychopathological components of the author's language, and can such work be carried out by one psychiatrist without the participation of a literary scholar? (2) What goals should such an analysis pursue? (3) Should the accuracy of the author's description of the mental disorders present in the characters of his work be considered as a criterion for assessing the author's artistic skill and the significance of the work as a literary and cultural phenomenon?

Methods: Taking Dostoevsky's "The Double" as a starting point, the authors analyzed professional literature on the topic and conducted their own psychopathological and literary analysis of this literary work.

Results: (1) psychopathological analysis without the participation of a literary scholar is always incomplete, since everything we learn about the hero of the work we learn through the language of the work. (2) the assessment of the quality of a work of art by a psychiatrist from the point of view of the accuracy of the description of psychopathological symptoms in a particular character leads to the fact that the ideal work of art becomes a well-written case history.

Conclusions: It is hardly correct to give a precise psychiatric categorization to persons whose behavior in a work of art is depicted as pathological. The author's depiction of his hero's pathological experiences has goals other than psychiatric ones and is conditioned by the general concept of the work.

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EPV1287

The Insane in Chains: Literary Image of Russian Fiction and Historical Truth of the First Half of the 19th Century

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Introduction: A compatriot who is declared insane and ends up chained in a mental institution is a new and unexpected character that appeared in Russian fiction during its heyday in the first half of the 19th century. The theme of "madness" followed by "chaining" is repeated in the influential works of Alexander Pushkin, Alexander Griboyedov, Alexander Voeikov and other outstanding writers of this period.

Objectives: Find out: (1) How historically accurate was this persistent artistic image — was it merely a literary convention or a true reflection of the status quo? (2) Was the shackling of patients "the standard of care" in psychiatric institutions in Russia and Europe in the late 18th and first half of the 19th centuries?

Methods: A historiographical and comparative analysis was conducted, which allowed us to compare historical evidence and manuals on mental illness published in Europe in the period 1782-1845,

as well as Russian professional literature on the history of psychiatry in Russia.

Results: The artistic image of the "madman on a chain" largely corresponded to reality; moreover, in a number of cases, the horror of reality exceeded the artistic image.

Conclusions: By bringing the image of the patient in chains to the forefront, Russian fiction attracted public attention to the topic, which was one of the factors that contributed to the opening of a significant number of new psychiatric hospitals in Russia in the second half of the 19th century, with a more humane attitude towards psychiatric patients.

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EPV1288

WRITTEN INFO KEEPS YOU ON TRACK! - Importance of written communication/information in therapeutic adherence

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Introduction: Therapeutic adherence is defined by the World Health Organization as the degree to which the patient's behavior corresponds to the recommendations agreed with the healthcare professional. Adequate adherence to pharmacological treatment is essential to achieve therapeutic objectives, but non-adherence rates are high, ranging between 10% and 92%.

Objectives: To highlight the role of written communication/information provided to the patient in the adherence to treatment.

Methods: Non-systematic literature review.

Results: Non-adherence limits therapeutic benefits, compromises the effectiveness of medications and increases the demand for healthcare, representing a major obstacle to the provision of care. One of the factors that contribute to non-adherence is the failure in communication between healthcare professionals and patients, especially with regard to providing clear information about medications.

Since patient educational interventions seem important and effective in improving medication adherence, it is pertinent to adopt more effective ways of communicating and adequately informing patients about the main aspects of the prescribed drugs. Such process can be assisted by written information leaflets.

In this context, studies have revealed that patients appreciate written information to help make decisions about whether or not to take a medication, manage medication intake and interpret symptoms. The benefits and side effects of drugs are generally important information for patients, especially if presented in a legible way, with understandable text, without large volume and without small font size used.

Written instructions can be a useful complement to information transmitted verbally by serving to increase the likelihood that important information can be presented, understood, accepted and remembered by the patient - studies show that patients who received written information better understood their medication, precautions, use instructions, associated side effects, and were more satisfied with the information received, which could contribute to greater therapeutic adherence.