

**Results** The frequency of psychotraumas, social stress and physical abuse in our group was significantly higher in women (63.33%), in patients with urban residence (80.00%) and age group 36–45 years (46.67). There was a pattern of residual defectuality reflected by positive symptoms (83.33%), alcohol abuse (80.00%), aggressive behavior (66.67%) and suicide attempts (30.00%). The poor course with minimal social functioning (GAFS < 40; 36.67%) was correlated with a high number of relapses and hospitalizations (> 9 hospitalizations; 43.33%), cognitive deficit (MMSE < 23; 76.67%). The psychosocial factors involved in the pathogenesis and course of schizophrenia were social stress (60.00%), physical abuse in childhood and adolescence (20.00%) and psychotraumas (20.00%).

**Conclusions.** Psychotrauma and physical abuse in childhood and adolescence and during the course of paranoid schizophrenia constitute a risk factor for a poor outcome with cognitive deterioration, aggressive and suicidal behavior that call for prophylactic measures and qualified psycho-social interventions associated to the pharmacological treatments.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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### EV1335

#### Differential diagnosis and therapy of cycloid psychoses: A case report

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Kraepelin already challenged his dichotomy of psychoses, because in clinical practice too many cases were not in line with his pattern. Different terms for these disorders were coined. Leonhard separated cycloid psychoses from other forms of endogenous psychoses. The idealized subtypes (anxiety-beatific, hyperkinetic-akinetic-motility and confusional exited-inhibited) are characterized by a bipolar course with complete recovery. Operationalised criteria were developed by Perris. We report on a 60 year old woman diagnosed as schizophrenic in 1984/1985 and 2006. In August 2015 she was admitted with stupor and mutism and therefore was treated with fluphenazine and lorazepam. Six days later the clinical picture changed, she became confused and very agitated. After change of treatment to benperidole her clinical condition improved within 12 days. After 3 further days she became confused, agitated and euphoric again. The symptoms persisted in spite of a change of treatment to haloperidole. After diagnostic revision therapy was augmented with lithiumcarbonate. Six days later the psychotic symptoms began to improve and were completely remitted after 10 further days. The case report points out that a differential-diagnostic revision of an apparently therapy-resistant schizophrenia should not only be carried out according to ICD 10 criteria but a cycloid psychosis should be taken into account, too. Perris-criteria are contrasted with ICD 10-criteria for schizophrenia and mania with psychotic symptoms. Symptomatology and clinical course in our patient fulfilled exactly the Perris-criteria. We recommend an augmentation trial with lithium in acute phases of cycloid psychoses by all means before ECT.

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### EV1336

#### Attitude of person living with psychosis towards MH professionals: A qualitative study

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**Aims** Studies investigating attitudes of people with mental illness are scarce. The aim of the present study was to investigate person living with psychosis on their attitudes and perception towards the mental health professionals in contact with mental health services.

**Methods** An in-depth interview was used to explore their lived experiences and attitude towards mental health professionals.

**Results** Both negative and positive attitudes were prevalent among the patients. Most negative attitudes concerned on not giving time, the MHPs are most interested in financial gains. They felt attitude changes according to diagnosis, psychosis perceived as diagnosis with violence; they are more interested in protecting themselves, perception that treating symptoms and not cause of illness. On the contrary, they felt positive on the relationship and time given to them.

**Discussion and conclusions** The PLWI's attitude to MHPs could be a product of the type of admission (forced upon), symptoms related or on the type of service settings. The present study is purely qualitative, single settings, could not be generalised. However it points on the need for sensitization of MHPs and relationship building oriented intervention.

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### EV1337

#### Parkinson's disease and psychosis: Report of a case

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**Introduction** Jealous delusional ideation appears in 7-14% of cases of Parkinson's disease. Treatment with dopaminomimetics drugs is a significant risk factor for psychosis. However, the most likely etiology of psychosis in these patients is a loss of central cholinergic function associated with age since described psychosis even before the introduction of the L-Dopamine. Cognitive impairment and sleep disorders are predictors of development of psychosis.

**Objective** Present a clinical case of psychosis in Parkinson's disease and its treatment.

**Method** Reason for consultation. Patient diagnosed with Parkinson's disease with behavioral disorder and delusional.

**Current illness** The patient after antiparkinsonian medication has increased suspicion, self-referentiality, delusional jealousy ideation to her husband, delusional interpretations regarding somatic symptoms, insomnia and behavioral disorders with aggression.

**Family background** Mother with Alzheimer's.

**Personal history** No contact with mental health.

**Psychopathological examination** Conscious, repetitive language, dysphoric mood with delusions of prejudice and jealousy.

Mixed insomnia.

**Diagnosis** Psychosis in Parkinson's disease.

**Treatment** Quetiapine 300 mg/day. Carbidopa 25 mg/L-dopa 100 mg: 1-0-1. On subsequent visits quetiapine was suspended and replaced by clozapine 200 mg/day.

**Results** The treatment of psychosis was effective with the use of quetiapine and subsequently clozapine with good tolerance and effectiveness. He also said lower antiparkinsonian medication.

**Conclusions** Psychotic symptoms are the most common psychiatric clinic in Parkinson's disease. Often not enough antiparkinsonian dopaminomimetics reduced to control psychotic symptoms and use of antipsychotics is required. The use of antipsychotics in

Parkinson's disease should be careful for the likely increase in motor clinical and increased mortality. The most useful, are especially quetiapine and clozapine atypical antipsychotics.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

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#### EV1338

### Muscarinic mechanisms in psychosis: A multimodal imaging study

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*Background* The majority of people with psychosis suffer from cognitive problems. These cognitive problems are among the most disabling features of the illness and have a negative effect on clinical outcome. Research has demonstrated that acetylcholine including muscarinic receptors play an important role in cognitive function. A post-mortem study in chronic patients with schizophrenia demonstrated a decrease of 75% of muscarinic M1 receptors.

*Aim* The aim of this study was to investigate the role of M1 receptors in-vivo in brain and cognitive function in psychosis.

*Methods* Thirty medication free patients with psychosis and 30 healthy controls matched for age, gender and IQ were included for 1) 1x IDEX Spect scan to determine M1 binding potential; 2) 2x fMRI scan using a visual memory task; 3) 2x MRS to determine choline concentrations; 2x CANTAB cognitive battery. Except for SPECT all subjects were tested twice, once with placebo and once with biperiden M1 antagonist.

*Resultaten* Patients demonstrated a significant negative correlation between M1 binding potential and cognitive impairments and negative symptom scores on PANSS. Following biperiden challenge, performance on verbal learning and memory was worse. Hippocampal activity was larger during a visual memory task in patients.

*Conclusie* These results support a role for the M1 receptor in cognitive function in psychosis.

*Disclosure of interest* The author has not supplied his/her declaration of competing interest.

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#### EV1339

### Schizophrenia and obsessive compulsive disorder

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*Introduction* A recent reviews of published researchers suggest, that up to 25% of schizophrenia patients suffer from obsessive-compulsive symptoms (OCs) and about 12% fulfill the diagnostic criteria for obsessive-compulsive disorder (OCD). Recently, the interest in this issue has significantly increased, probably due to the finding, that second generation antipsychotics, especially clozapine, might induce or aggravate OCs.

*Objective* The aim of our study was to investigate and clarify the literature data about the extent to which comorbid OCs affects the severity and course of schizophrenia.

*Methods* The articles were identified by the keywords "schizophrenia comorbidity" and "obsessive compulsive disorder", using the medline and web of science search. Additional information was obtained by studying the references of summaries of relevant articles.

*Results* Obsessive-compulsive symptoms or fully expressed obsessive-compulsive disorder leads to more severe overall psychopathology and poorer treatment outcomes in patients with schizophrenia. This comorbidity is accompanied by increased neurocognitive impairment, high levels of anxiety, depression, and suicidality, less favorable levels of social and vocational functioning, and greater social and health service utilization.

*Conclusions* In clinical practice, schizophrenia patients should be carefully monitored for OCs, which may occur at any time during the schizophrenia disease. Early recognition and targeted treatment of this comorbidity reduce patient's distress; positively influence the course of illness and overall treatment outcome.

*Disclosure of interest* The authors have not supplied their declaration of competing interest.

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#### EV1340

### Comorbidity of schizophrenia and social phobia

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*Introduction* The most common comorbid disorder in schizophrenic patients is a social phobia. It is usually an unrecognized problem that may be associated with a high distortion in managing claims of life.

*Objectives* The aim of our study was to determine the extent to which comorbid social phobia affects the severity and course of schizophrenia.

*Methods* The publications were identified in the database medline and web of science using the keywords "schizophrenia comorbidity" in combination with the terms "social phobia" or "social anxiety disorder". Other relevant sources of information were obtained from the cited works by important articles.

*Results* The current state of research shows that the incidence of comorbid social phobia in psychotic disease states in the range from 11% to 36%. Social phobia in psychotic patients remains largely unrecognized. An untreated social phobia is associated with more severe psychotic symptoms, worse quality of life and lower self-esteem. It also increases the tendency to social isolation and overall worsens social adaptation. Patients with comorbid social phobia and schizophrenia have a higher amount of lifetime suicide attempts and often abuse alcohol or addictive substance.

*Conclusions* Patients who have both schizophrenia and social phobia have a lower quality of life, impaired functioning in life, a higher incidence of suicide attempts and increased risk of relapse of psychosis. It is, therefore, necessary that physicians treating the patients with schizophrenia had in mind the possibility of the presence of comorbid social phobia, and in the case of its occurrence, they also treat it.

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#### EV1341

### Schizoaffective disorder and life quality

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