

Objectives: We present the case of a 58-year-old patient with no personal or family history of mental health, who came to the emergency room for the first time, reporting feeling in danger. He comments itching on his skin, verbalizing seeing bugs running through it, relating this phenomenon to “witchcraft by my brothers”, he also refers to feeling like “they watch my thoughts and block it through a mobile application, they enter through my eye right and this gives me less vision and a headache. He also refers to having the ability to listen to how his brothers talk about how they are going to “hurt me.” Psychopathologically, we highlight that she is oriented in the three spheres, presenting delusional ideation with an experience of harm, a phenomenon of thought theft and auditory and tactile hallucinations.

Methods: Analytical and imaging tests, as well as toxins in urine, were negative.

Results: Diagnosis of psychotic episode is made to see evolution. The clinic partially yields to treatment with atypical antipsychotics. At this time, the patient has no awareness of the disease.

Conclusions: Despite being a diagnosis that is scarcely prevalent, once organic disease has been ruled out.

Disclosure of Interest: None Declared

EPV0982

Contextual processing in patients with schizophrenia

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Introduction: Patients with schizophrenia have deficits in contextual vision. However, results are often very mixed. In some paradigms, patients do not take the context into account and therefore act more veridically than healthy controls. In other paradigms, context impairs performance in patients more strongly than in healthy controls. These mixed results may be explained by differences in paradigms, as well as by small or biased samples, given the large heterogeneity of the disease.

Objectives: To understand if there are general contextual deficits in schizophrenia.

Methods: 17 schizophrenia patients and 16 age-matched controls were tested with a combined crowding and uncrowding paradigm.

Results: Schizophrenia patients show qualitatively similar crowding performance as controls. In the uncrowding condition, however, patients improved less than controls. We suggest that performance in the various paradigms depends on idiosyncratic aspects of the paradigm in addition to the heterogeneity of the disease.

Conclusions: There are no general impaired mechanisms in schizophrenia. Deficits depend strongly on idiosyncrasies of the specific stimuli.

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SCHIZOPHRENIA: DEFAULT MODE NETWORK CONNECTIVITY AS A FUTURE BIOMARKER

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Introduction: The Default Mode Network (DMN) is a brain system with physiological and cognitive properties that make it a major pillar of cortical integration. It has been a subject of increased research on different psychiatric conditions such as schizophrenia. It was hypothesized that alterations in the brain connectivity of the DMN, at the level of its functional connectivity (FC) and structural connectivity (SC), may be at the basis of this pathology. Thus, the DMN has been associated with several clinical variables such as symptom severity, disease prognosis and response to antipsychotic treatment, making this system a potential future tool in the study of these variables for better clinical guidance in patients with schizophrenia.

Objectives: The aim of this study is to review the role of DMN in the pathophysiological mechanisms underlying schizophrenia, as well as its potential role as a future biomarker in detecting patients at high risk of developing a first psychotic episode and predicting therapeutic response to antipsychotics.

Methods: Systematic review of the literature published on Pubmed using the terms: “Default Mode Network”, “Schizophrenia”, “First Psychotic Episode” and “Antipsychotics”.

Results: A myriad of studies revealed the presence of dysfunctional DMN brain activity in patients with schizophrenia. However, increased FC of the DMN is the predominant outcome reported by literature in patients with and without chronic exposure to antipsychotic therapy, at high risk of developing psychosis and on both early and advanced disease stages, suggesting that the DMN may have a meritorious role on the pathophysiology of schizophrenia. Some studies have found SC changes associated with altered FC on patients at early stages of the disease without exposure to prolonged antipsychotic therapy. Regarding the relationship between DMN and antipsychotic therapy, studies suggested that DMN is shaped by antipsychotic therapy by regulating FC activity.

Conclusions: This work helped us to understand the importance of the future study of the connectivity of the DMN in a longitudinal perspective of the course of schizophrenia in order to potentiate the creation of brain signatures that might translate the alterations of the connectivity of the DMN in early stages of the disease, which in turn could work as potential future biomarkers for the detection of patients at high risk of developing a first psychotic episode but also work on predicting the therapeutic response to antipsychotics, allowing us to direct our clinical orientation towards a better prognosis of the disease.

Disclosure of Interest: None Declared