

symptomatology. Analysis of the data regarding patients' coping with stress shows that constructive coping strategies are more frequent in both groups. Thus, "problem solving" (24.3 points in GS and 22.9 points in MPO) and "search for social support" (23.0 points and 22.7 points, respectively), that is patients of both groups are generally oriented to a productive way of coping with difficult situations and are ready to seek help from others in a difficult situation. Notably, the strategy of "problem avoidance" is less pronounced (18.5 points and 19.4 points, respectively). The high resilience scores in the GS group (32.5 points), comparable to the norm in the population (33.1 points), are explained by long-term comprehensive psychosociorehabilitation, while the resilience scores in the MPO group are lower - 28.7 points. Negative symptoms of schizophrenia were equally pronounced in both groups, manifested by difficulties in communication (2.6 points each), passive-apatetic social withdrawal (2.7 points each). Such negative symptoms as blunting of affect and emotional indifference were more pronounced in the MPO group - 3.2 points each vs. 2.8 points in the group from the GS.

Conclusions: High levels of resilience and ability to cope with stress as a result of psychosociorehabilitation intervention allow patients to overcome difficult life circumstances more flexibly. They are associated with less pronounced negative symptoms, which generally helps prevent psychosis relapses and contribute to a more favorable course and prognosis of schizophrenia.

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EPV0966

Understanding the Complex Relationship Between Gastrointestinal Symptoms and Psychosocial Factors in Schizophrenia

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Introduction: Insensitivity to pain in schizophrenia is a complex phenomenon. Understanding schizophrenia's heterogeneity is crucial for personalized treatments.

Objectives: Individuals diagnosed with schizophrenia often experience gastrointestinal issues and exhibit elevated levels of depression and anxiety. There is an urgent need to understand how these factors interact and how childhood traumas, a significant risk factor for schizophrenia, can affect gastrointestinal symptoms in these individuals.

Methods: The study involved 51 individuals diagnosed with schizophrenia. The hierarchical cluster analysis on the principal components (HCPC) was performed to identify groups of similar observations for test scores and the overall results for 14 tests. Hierarchical clustering was performed using Ward's minimum variance method. Differences in the results of individual tests between clusters were estimated using the *V* test.

Results: The schizophrenia group was categorized into three clusters. The patients belonging to the first cluster are characterized by

high GAF test scores and low scores on tests for gastrointestinal symptoms, ITQ, CTQ, GHQ-28, STAI, CALGARY, BDI II, SAMPS, SANS, and PANNS. In contrast, patients in the second cluster had scores significantly above the group average on the tests SANS, PANNS, and SAPS and low scores on the tests DBZ RZ, CTQ, STAI, BDI II, ITQ, and GAF. Finally, patients in the third cluster had high scores on the tests BDI II, ITQ, STAI, CTQ, GHQ 28, DBZ RZ, gastrointestinal symptoms, TEC PL, CALGARY, and CISS. High CTQ scores may contribute to increased GSSR scores due to childhood trauma's potential to trigger chronic stress, affect the nervous system, and induce psychosomatic symptoms, including gastrointestinal problems. Elevated BDI II and STAI scores can also impact GSSR results by disrupting the connection between emotions and the gastrointestinal system.

Conclusions: This research underscores the intricate interplay of various psychosocial and physiological factors that influence the perception of pain related to gastrointestinal symptoms in individuals with schizophrenia.

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EPV0967

"Folie à deux," or shared psychosis: A case report

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Introduction: "Folie à deux," or shared psychosis, is a fascinating psychiatric phenomenon characterized by the transmission of delusional beliefs and psychotic symptoms from one individual (the "inducer") to another (the "recipient") who share a close emotional bond. Despite its rarity, "Folie à deux" presents unique challenges and insights into the understanding of psychosis and the intricacies of interpersonal relationships.

Objectives: The primary objective of this review is to analyze the recent clinical literature on "Folie à deux" to better comprehend its clinical presentation, diagnostic criteria, etiological factors, and therapeutic approaches. By synthesizing the latest research findings, we aim to enhance the awareness and understanding of this intriguing phenomenon among mental health professionals.

Methods: A case report of a couple of a 34-year-old male and a 43-year-old female with a shared delirium. The male was brought to the emergency department by ambulance after being found in the street with behavioral disturbances and delusional symptoms. Individual interviews with both members of the couple revealed shared delirium. He was admitted to the psychiatric ward for the clinical picture consisting of a chronic delusional disorder of years of evolution and new symptoms such as restlessness and behavioral disturbances.

Results: The review reveals that "Folie à deux" remains a rare but clinically relevant phenomenon, with reported cases spanning diverse cultural and familial contexts. Diagnostic criteria, as outlined in the DSM-5, have been useful in guiding clinicians in identifying and managing cases. The literature emphasizes the importance of a thorough psychiatric evaluation to distinguish "Folie à deux" from other psychopathological conditions. Recent

research has also shed light on potential neurobiological mechanisms and genetic factors contributing to shared psychosis. Therapeutically, early intervention and tailored treatment plans are crucial in achieving favorable outcomes. While antipsychotic medications remain a cornerstone of treatment, family therapy and psychoeducation have emerged as valuable adjunctive approaches to address the unique challenges posed by shared psychosis.

Conclusions: In conclusion, “Folie à deux” continues to be a captivating and clinically relevant phenomenon in contemporary psychiatry. This bibliographical review underscores the importance of recognizing and diagnosing shared psychosis in clinical practice. Moreover, it highlights the need for further research to unravel the underlying mechanisms and genetic predispositions associated with this condition. Ultimately, a multidisciplinary approach, including pharmacological, psychotherapeutic, and family-based interventions, holds promise in improving the prognosis of individuals affected by “Folie à deux.”

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EPV0968

Ferroptosis affects cognitive dysfunction and the progression of mental illnesses

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Introduction: Ferroptosis is a programmed form of cell death characterized by excessive accumulation of intracellular iron fraction, uncontrolled lipid peroxidation, impairment of glutathione-dependent antioxidant functions, and loss of oxidative-antioxidant balance. Nerve cells are sensitive to excessive amounts of iron, which impairs the functioning of mitochondria and leads to their death. Ferroptosis has been identified in neurological diseases such as stroke, Alzheimer’s disease, Parkinson’s disease. Features of ferroptotic cells have been observed in models expressing cognitive deficits, and ferroptosis-related genes have been associated with the development of mental illnesses.

Objectives: The aim of the study was to analyze the available literature on the relationship between the occurrence of ferroptosis and cognitive impairment occurring in mental diseases, such as schizophrenia

Methods: The publications found in the PubMed database were analyzed after entering the following entries: ferroptosis, mental illness, cognitive functions, schizophrenia.

Results: Ferroptosis occurs in mental illnesses. Increased expression of the TP53 and VEGFA genes, which are associated with ferroptosis, has been identified in patients suffering from schizophrenia. Animal research confirms that disturbed iron homeostasis causes iron overload in nerve cells, which leads to ferroptosis and has a neurodegenerative effect, as well as deepens cognitive deficits. The use of iron chelator has a neuroprotective effect and reduces the occurrence of cognitive disorders.

Conclusions: Genes associated with ferroptosis may influence the development of schizophrenia, which means that ferroptosis may be involved in the pathophysiology of schizophrenia. Excess iron

inside nerve cells, as a feature of ferroptosis, may affect the deterioration of cognitive functioning. Administration of iron chelators protects neurons by reducing the toxic effects of iron.

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EPV0969

Determinants of hospital length of stay for patients with schizophrenia

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Introduction: relapse and frequent rehospitalizations. The length of stay (LOS) of these patients has been a concern of researchers. The ability to identify determinants of LOS at admission – and, thus, identify patients who are likely to need a longer stay early on – may help treatment planning.

Objectives: We aimed to investigate socio-demographic and clinical profile of inpatients with schizophrenia, and to identify factors associated with LOS.

Methods: It was a retrospective study carried out among 90 inpatients with schizophrenia admitted to the psychiatry “B” department, Hedi Chaker university hospital (Sfax, Tunisia), during the period between January 2015 and December 2019. Data collection was performed through the patients’ medical records. Statistical analysis was performed using SPSS v.25.

Results: The mean age of our patients was 32 years. Among them, 57.78% were women. The mean LOS was 28 days. Factors found to be significantly associated with LOS were: the number of admissions ($p < 0.001$, $r = 0.404$), involuntary hospitalization ($p = 0.001$), violence and disturbance of public order as a reason of admission ($p < 0.001$) and the lack of social support ($p = 0.039$). As for the clinical symptoms, hallucinations were significantly associated with a longer LOS ($p = 0.001$).

Conclusions: Our findings highlighted several factors associated with a longer LOS. This may be helpful to the management of hospitalization and ensuring that any periods of liberty deprivation do not last longer than necessary to provide appropriate treatment.

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EPV0970

Hydroxychloroquine in systemic lupus erythematosus and psychosis. A case report

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