

more research. Meanwhile, we want to highlight the importance of complementing the treatment with psychosocial approaches.

**Disclosure:** No significant relationships.

**Keywords:** desnutrition; negative symptoms; resistant schizophrenia

## EPV1403

### Thyroid psychosis: a case report

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**Introduction:** We present the case of a patient who after a year of psychotic symptoms is diagnosed with thyroid cancer with hyperthyroidism.

**Objectives:** A brief review is made of the psychotic symptoms in a patient with hyperthyroidism secondary to cancer of the gland.

**Methods:** We present the case of a 52-year-old patient, a former injecting drug addict, who after a year with psychotic symptoms, is diagnosed with thyroid cancer with hyperthyroidism. The patient reported that a year ago, he suddenly had a painless and indurated lump in his neck, associated with weight loss and confusional symptoms. One month after the appearance of the tumor, the patient began to present visual, kinesthetic and haptic hallucinations, with the sensation that supernatural beings were passing through and possessing him. Likewise, he referred to being able to see and feel the atoms of matter, being able to communicate with a superior being whom he called "creator".

**Results:** The patient is admitted for psychotic symptoms. During it, the necessary complementary tests are carried out, objectifying a clinical situation of hyperthyroidism. The study is extended, observing a hyperfunctioning nodule, which corresponded to thyroid cancer.

**Conclusions:** Neuropsychiatric symptoms in hyperthyroidism are relatively common. In most cases, the most frequent are cognitive alterations, attention problems and working memory problems. It can also lead to depressive episodes, and more rarely, psychotic symptoms.

**Disclosure:** No significant relationships.

**Keywords:** Psychosis; Thyroid

## EPV1404

### Schizophrenia and Multiple Sclerosis: Common pathways, common risk-factors

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**Introduction:** Schizophrenia (SCZ) is a severe mental disorder that is among the leading causes of disability worldwide. Multiple

sclerosis (MS) is a chronic inflammatory neurological disease with a major impact on the quality of life of young adults. Despite the distinct nature of these two disorders, research studies have identified similarities in underlying pathological mechanisms and risk factors.

**Objectives:** To illustrate, through a case report, the central role of inflammation in schizophrenia and its relationship with multiple sclerosis.

**Methods:** Case Report of a 31-year-old male patient with schizophrenia who has been diagnosed with multiple sclerosis.

**Results:** Mr M. is a 31 year old patient who was diagnosed with schizophrenia at age 17. Between the ages of 25 and 27, the patient had two severe psychotic relapses each one requiring inpatient treatment. At that time, he experienced predominantly severe positive symptoms and persistent suicidality. He was initially prescribed amisulpride up to 600mg, followed by haloperidol up to 45mg daily. Due to poor clinical response, the patient was put on clozapine 400mg/d and has been stabilized since 2017, with outpatient checkups. The patient has reported vertigo and trouble walking in August 2021. He has been referred to the Neurology Department. Clinical, biological and imaging findings were highly suggestive of Multiple sclerosis and the patient has received short courses of intravenous corticosteroids.

**Conclusions:** This case report highlights the possible association between Multiple Sclerosis and schizophrenia. Further research is needed to clarify the role of inflammation in the central nervous system in schizophrenia and the overlap with Multiple Sclerosis.

**Disclosure:** No significant relationships.

**Keywords:** inflammation; multiple sclerosis; resistance; schizophrenia

## EPV1406

### Efficacy and tolerability Aripiprazole once-monthly long-acting injectable in schizophrenia. Two-injection start regimen

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**Introduction:** Aripiprazole once-monthly is a long-acting intramuscular injectable formulation of aripiprazole. The starting dose can be administered by following one of two regimens: • One injection start: On the day of initiation, administer one injection of 400 mg Aripiprazole once monthly and continue treatment with 10 mg to 20 mg oral aripiprazole per day for 14 consecutive days • Two injection start (New regimen): On the day of initiation, administer two separate injections of 400 mg Aripiprazole once monthly at separate injection sites, along with one 20 mg dose of oral aripiprazole.

**Objectives:** To assess the effectiveness and tolerability of Aripiprazole long-acting injectable (ALAI) in patients with schizophrenia. The starting dose was administered following the two injection start regimen

**Methods:** Sample:10 patients with schizophrenia (DSM 5 criteria) who started treatment with ALAI. The starting dose was administered following the two injection start regimen. On a tri-monthly