abuse that occurred 10 days ago. She was hitted, insulted and detained for 2 days by her parent's friends. Abuse reported to social services and judicial authorities. All laboratory and neurologic examinations performed to exclude an organic pathology. No pathologic results founded. Olanzapine 5 mg/day and lorazepam 0.5 mg/day started and titrated to 30 mg/day and 3.75 mg/day doses. Biperiden 4 mg/day started due to extrapyramidal side effects. A significant improvement observed about her catatonic and positive psychotic symptoms but she still had acute stress disorder symptoms. Trauma-focused cognitive-behavioral therapy added to her treatment. Family-based interventions examined for CM. She discharged in full remission after eight weeks of hospital stay. Lorazepam dose reduced and stopped before discharge.

Conclusions: Neurobiological models are trying to enlight the association between experiencing highly stressful or traumatic events, such as child abuse, may impact on later expression of psychotic disorders by increasing stress sensitivity to later adversity (Fares-Otero *et al.* 2023). This case underscores the potential of acute traumatic stress to precipitate severe psychiatric disorders, including catatonia. It highlights the importance of comprehensive clinical evaluations and the inclusion of trauma history in children presenting with acute psychiatric symptoms. The findings advocate for the integration of trauma-focused interventions in the treatment of similar cases. Further research is needed to understand the pathophysiological mechanisms underlying this association and to develop effective treatment strategies for this vulnerable population.

Disclosure of Interest: None Declared

EPV0917

Long – acting injectable aripiprazole in patients with psychosis is associated with improved quality of life, better general clinical outcome and fewer hospitalizations

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Introduction: Aripiprazole, a D2 receptor partial agonist is suggested to enhance Prefrontal Cortex (PFC) dopamine functioning resulting to an improvement of working memory and GABA transmission related to social functioning. The LAI form of the medication is documented to improve the long-term adherence of the patients resulting in a better assessment of the effects of the drug on behavioral parameters that require a longer time to evaluate.

Objectives: Hypothesis testing: "Aripiprazole LAI antipsychotic treatment is associated with i) reduced hospitalizations, ii) improved quality of life and iii) patient functioning".

Methods: 65 patients participated (Male to Female ratio corresponds to 2:1). 44 of them, the community population manifested psychosis (23 schizophrenia and 21 patients bipolar disorder with psychotic features). The median age was 41 years. 31.8% had dual diagnosis of psychosis and alcohol use disorders, while 25% had dual diagnosis of psychosis and Cannabis Use disorder. 77.3% were on aripiprazole LAI. 21 patients with BD I were prisoners at the Penitentiary of Neapolis of Lasithi of Crete. Median age was 36 years (all men). 90.5% had comorbidity of bipolar disorder type I (BD-I) and alcohol use disorders. 95.2% had comorbidity of BD – I and Cannabis Use Disorder. All were medicated by aripiprazole LAI 400mg/month. For the evaluation of our hypotheses the instruments WHOQOL-BREF questionnaire and the CGI-S scale were used. The quality of life, functionality, and number of hospitalizations were compared in each patient, before the initiation of the LAI medication and during the active treatment period. The minimum of follow-up period was 6 months.

Results: In 44 patients (in community) hospitalizations decreased statistically significantly from 1.3±1.9 to 0.1±0.4 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). The CGI-S score decreased statistically significantly from 6.0 ±0.8 to 4.0±1.1 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). The score of the WHOQOL-BREF scale increased statistically significantly from 0.5 ± 0.5, to 2.9 ± 0.8 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). For the group of 21 patients (imprisoned) hospitalizations decreased from 0.6 ± 1.8 to 0.0 ± 0.0 (Paired Samples Wilcoxon Signed Rank Test p-value=0.066). The CGI-S score decreased statistically significantly from 5.3 ± 0.8 to 3.2 ± 1.3 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). The quality-of-life scale score increased statistically significantly from 0.9 ±0.6 to 3.09±0.7 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001).

Conclusions: Aripiprazole LAI significantly improves the quality of life and functionality of patients with psychosis. We suggest that the improvement might be related to the beneficial effects of the molecule on the Prefrontal Cortex (PFC).

Disclosure of Interest: None Declared

EPV0918

Addressing negative symptoms of schizophrenia in a Psychosis Day Hospital: a case report

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Introduction: Negative symptoms are present in more than two thirds of schizophrenic patients throughout the evolution of the disorder. These include symptoms related to reduced motivation or pleasure, such as avolition, anhedonia and asociality, and reduced expressivity, including alogia and blunted affect.

We present the case of a 24-year-old man who was admitted to our Psychosis Day Hospital after several psychotic episodes, presenting

with prominent negative symptomatology that was imbued with mystical delusional beliefs.

Objectives:

1) To describe the clinical particularities of this case, focusing on the improvement of negative symptoms during the course of treatment at our Day Hospital.
2) To review the available evidence regarding the pharmacological and psychotherapeutic management of negative symptoms of schizophrenia.

Methods: A review of the patient's clinical history and complementary tests were carried out. Likewise, we reviewed the available literature in relation to the management of negative symptoms of schizophrenia in an ambulatory setting.

Results: The patient was admitted to our Day Hospital after four psychiatric hospitalizations due to mystical delusions, ideas of grandiosity and hyper-spirituality, along with prominent negative symptoms at the moment of inclusion at our centre, including social withdrawal, diminished affective response, lack of interest in the academic sphere and poor social drive. Although previous positive symptoms were present in a lesser degree, the patient interpreted the presence of the negative symptoms described above as a "punishment" or "test" from spiritual creatures.

Management of negative symptoms represents a major unmet need in schizophrenia. Modest effect size evidence for pharmacological approaches favours the use of antipsychotic in monotherapy and augmentation of antipsychotic treatment with other agents, such as antidepressants. Scarce evidence regarding psychotherapeutic approaches to these symptoms points to the use of cognitive behaviour therapy and social skills training.

Conclusions:

- Clinical identification and characterization of negative symptoms is crucial when treating patients with schizophrenia, as these are associated with important disability and poorer functional outcomes.
- Differentiation of primary and secondary negative symptoms is a key aspect in the evaluation and management of schizophrenic patients.
- This case outlines the coexistence of positive and negative symptoms, and illustrates the challenges in the pharmacological and psychotherapeutic management of these symptoms at a Psychosis Day Hospital.

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EPV0919

Mental illness as a poor prognosis factor in cancer treatment: a review of the difficulties in diagnosing and treating cancer in patients with schizophrenia based on a clinical case

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Introduction: Psychiatric patients, and schizophrenia patients in particular, have a lower average life expectancy than the general population, and the high prevalence of physical illnesses contributes to this. In the case of cancer, the incidence seems to be the same or lower compared to the general population, but on the other, the prognosis is frankly worse.

Objectives: We aim to collect evidence about the relationship between cancer and schizophrenia.

Methods: Based on a clinical case of a patient diagnosed with schizophrenia who died of an occult neoplasm, we conducted a narrative review of the literature concerning cancer screening, incidence, mortality and prognosis in patients with schizophrenia.

Results: A 39-year-old male patient was diagnosed with schizophrenia when he was 26 years older. The patient was single, had no children, lived alone and was retired due to his psychiatric condition. He was admitted to the inpatient ward in January 2023 due to a psychotic relapse after abandoning the prescribed treatment. He remained hospitalised for 14 days, and oral and injectable antipsychotic therapy was reinstated. He was discharged to the psychiatric day hospital unit to promote psychosocial rehabilitation. During this period, he complained about unspecified back pain but did not present any other physical symptoms.

Two months later, he was evaluated by his psychiatrist as an outpatient, and his general condition had become significantly poorer. He had lost over 20 kilograms, his skin was pale, and he complained of back pain. He was referred to an internal medicine consultation. Still, before it was scheduled, he came to the emergency department and was admitted due to digestive bleeding, asthenia and low back pain, with a weight loss of around 25 kilograms.

An abdominal mass was palpated on physical examination, and the chest x-ray showed a "balloon drop" pattern, indicating pulmonary metastases. Two days after being admitted to the internal medicine ward, he died of cardiac arrest.

It is known that the stigma that mentally ill patients suffer often contributes to a delay in diagnosing medical illnesses. In addition, frequent social isolation and poor social family support do not help these patients seek medical care when their physical condition deteriorates. Low adherence to cancer screening and avoidance of routine health care often add to this delay.

Conclusions: As physicians who often deal with individuals with severe mental illnesses, psychiatrists should be extra aware of risk factors and keep a heightened suspicion of medical conditions. They should also promote the adoption of beneficial health behaviours and encourage participation in cancer screening and other relevant health programs.

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EPV0922

Evaluation of clinical and sociodemographic characteristics of hospitalised patients with schizophrenia spectrum disorder

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