Introduction: Schizophrenia has progressively been seen as a multifactorial disease, with its pathogenesis including immune dysfunction. Studies have leaned into the activation of brain inflammation, influencing the development of schizophrenia in certain subgroups of patients. Additionally, the role of the T helper (Th17) cells and neuromediators associated are implicated in the pathophysiology of psoriasis, a chronic immune-mediated dermatological condition. A significantly elevated risk was found with 41% increased odds of schizophrenia compared with subjects without psoriasis. The concomitant diagnosis of both illnesses has motivated further investigation into their shared pathways.
Objectives: Characterize the prevalence of psoriasis in patients with schizophrenia and mutual involved mechanisms.
Methods: Retrospective analysis of inpatients of a Portuguese Psychiatry department with the established diagnosis of Schizophrenia, between 2018 and 2022. Additionally a literature review on the topic was conducted.
Results: A sample of 94 patients admitted was obtained. The majority of patients were male (80,1%). The prevalence of the diagnosis of Psoriasis was 6,4% (n=6). A previous epidemiological study conducted in the Portuguese general population concluded that the prevalence of psoriasis is on average 4,4%, which is inferior to the value obtained in our sample. Other studies that measured the relationship between both diagnoses corroborated our results, documenting higher prevalences of psoriasis in patients with schizophrenia than the general population.
Conclusions: The relationship between psoriasis and schizophrenia seems to be bidirectional, with schizophrenia patients having higher risk of psoriasis and psoriasis patients having higher risk of schizophrenia. This could be explained by multiple mechanisms, mainly the activation of Th17 cells but also the fact that there may be a genetic susceptibility due to proximal chromosome loci associated with both diseases (chromosome 6p21.3). This information is essential in providing care to patients because treatment must be carefully adapted. It has been demonstrated that atypical antipsychotics might worsen psoriatic manifestations and immunosuppressive agents are linked to psychotic episodes and worse mental health. Thus, there should be increased alertness for the detection of these conditions in patients with either one of them.

Disclosure of Interest: None Declared

EPV0795

A study on the complex interplay between inflammation and severe mental disorders (SMInflam)

B. Della Rocca*, M. Luciano, G. De Felice, M. Di Vincenzo, C. Toni, E. Arsenio, G. Sampogna and A. Fiorillo

Università della Campania "L. Vanvitelli", Naples, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1423

Introduction: An alteration of inflammatory indices has been reported in several major mental disorders. This alteration seems to be related to disease severity and treatment resistance, but its pathophysiological meaning remains to be established. Patients with severe mental disorders tend to have increased levels of circulating cytokines and increased microglial activity in the central nervous system, suggesting that inflammation may contribute to the onset, or chronicity, of mental disorders. Detecting inflammation-relevant symptom clusters across mental disorders may represent an important step towards precision medicine in psychiatry.
Objectives: The SMInflam project is a longitudinal, observational, real-world study which aims to: assess a set of inflammatory indices at baseline in a sample of patients with the diagnosis of a major mental disorder; identify inflammatory profiles of these patients using a latent class analysis approach; assess the response to pharmacological treatments of patients with different inflammatory profiles; re-assess the inflammatory indices and profiles at several times during follow-up and test their correlation with the evolution of psychopathology.
Methods: The sample will consist of 50 patients with a diagnosis of a major mental disorders consecutively enrolled at the outpatient unit of the Department of Psychiatry of University of Campania. All enrolled patients will be administered a set of reliable and validated psychopathological assessment tools. We will perform a complete physical evaluation, and a battery of laboratory tests. Peripheral markers of chronic inflammation will be assessed. Clinical and biological assessments will be performed at baseline (T0) and after 3 and 6 months (respectively, T1 and T2).
Results: Expected results include the evaluation of the levels of inflammatory indices in a varied sample of patients with severe mental disorders. According to the pre-post design, these aspects will be evaluated before the start and at the follow-up. We will also take into consideration the role of confounding factors such as age and gender, which represent a critical biological variable influencing such inflammatory pathways.
Conclusions: Collected data will be used for having a more informative, reliable and valid characterization of psychopathology in a vast sample of patients with severe mental disorders. Our study may represent the first of a new wave of methodologically-sound studies on the role of inflammation and psychopathology in patients with severe mental disorders.

Disclosure of Interest: None Declared

EPV0796

Limbic encephalitis – A case report of atypical dementia syndrome with potentially therapeutic consequence

F. Xepapadakos[1,2]* and W. Kawohl[1,2]

[1]Psychiatry, Clienia Schlössli AG, Oetwil am See/Zurich, Switzerland and [2]Department of Basic and Clinical Sciences, University of Nicosia Medical School, Nicosia, Cyprus
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1424

Introduction: Limbic encephalitis (LE) is a subacute or chronic, non-infectious inflammation of the brain, usually occurring in adulthood, with predominant involvement of mesiotemporal structures and a clinical manifestation consisting mainly of new memory impairment, affective disorder, temporal lobe epilepsy, psychoses, etc.
Objectives: To point out the importance of knowledge of potentially treatable dementia syndromes such as atypical manifestation of probably LE.
Methods: We present a clinical case of a 47-years-old woman with an atypical dementia syndrome and typical radiological findings