

**Objectives:** To present the diagnostic challenges encountered in distinguishing ASD from Psychosis.

**Methods:** We present a case report demonstrating the challenges of distinguishing ASD from Psychosis.

**Results:** This is a case of a gentleman who initially presented to psychiatric services at 18 years old for conflicts with his mother related to his inflexibility to change. Further psychological evaluation revealed that he had a history of restricted social interaction with his peers, difficulties in non-verbal communications and identifying emotional states, stereotyped interests and obsessions that isolated him from his peers. He was diagnosed with ASD.

In subsequent presentations, there were symptoms of excessive preoccupation of his facial appearance, excessive concern over contracting HIV, obsessions with arranging objects in a particular order and avoiding words starting with the letter "S" out of fears of blasphemy. While these symptoms had qualities of cognitive inflexibility, they could not fully be explained by ASD. Additional diagnoses of Body Dysmorphic Disorder, Borderline Personality Disorder, Obsessive Compulsive Personality Disorder and At-Risk Mental State were considered.

A psychiatric admission was necessitated at 21 years old, when he presented with a 2-year history of repetitive banging of furniture in the middle of the night to communicate his frustrations towards his parents for their perceived acts of blasphemy. He also began to isolate himself, fearing that his parents would be able to look into his soul and reveal his sins. This paranoia towards his parents worsened to the point of urinating and defecating in his room to avoid his parents. His school performance declined as well.

A unifying diagnosis of psychosis was made. His previous diagnosis of ASD was challenged as a misdiagnosis, with the impression that he likely had attenuated psychotic symptoms in his adolescent years, disguised as autistic traits. The diagnosis of psychosis was confirmed when the patient's symptoms were observed to respond to antipsychotic treatment.

**Conclusions:** This case report illustrates the challenges in distinguishing ASD from psychosis. A prior diagnosis of ASD may result in diagnostic overshadowing and subsequent delays in diagnosing psychosis. Further research in diagnostic tools would be helpful for diagnostic precision, thereby enabling prompt treatment for better recovery outcomes.

**Disclosure of Interest:** None Declared

## EPV1029

### Amisulpride Augmentation in Schizophrenia Patients with Poor Response to Olanzapine: A 4-week, Randomized, Rater-Blind, Controlled, Pilot Study

W.-M. Bahk<sup>1\*</sup>, Y. S. Woo<sup>1</sup>, S.-Y. Park<sup>2</sup>, B.-H. Yoon<sup>3</sup>, S.-M. Wang<sup>1</sup> and M.-D. Kim<sup>4</sup>

<sup>1</sup>Psychiatry, The Catholic University of Korea, Seoul; <sup>2</sup>Psychiatry, Keyo Hospital, Uiwang; <sup>3</sup>Psychiatry, Naju National Hospital, Naju and <sup>4</sup>Psychiatry, Jeju National University, Jeju, Korea, Republic Of

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2322

**Introduction:** Olanzapine (OLA) is a common first-prescribed antipsychotic and has shown favorable efficacy in acutely exacerbated patients with schizophrenia. The mixed receptor activity of OLA and its greater affinity for serotonin 5-HT<sub>2A</sub> rather than

dopamine D<sub>2</sub> receptors are similar to those of clozapine. Pharmacokinetically, OLA is metabolized mainly by hepatic cytochrome enzyme P450 1A2 (CYP1A2). Because risks of antipsychotic polypharmacy include increased drug-drug interactions, pharmacokinetic considerations are important for selection of antipsychotics to be combined. Due to its pharmacological characteristics, amisulpride (AMI), another atypical antipsychotic with proven efficacy, is a promising adjuvant agent of special interest. AMI is unlikely to interact with other drugs due to the low plasma protein binding and metabolism and does not affect the activity of the CYP system. Furthermore, AMI is highly selective for dopamine D<sub>2</sub>/D<sub>3</sub> receptors; has minimal or no affinity for D<sub>1</sub>, D<sub>4</sub>, or D<sub>5</sub> receptors. Despite the potential benefits of the combination of OLA and AMI, only a few open-label studies have been conducted, and no randomized clinical trial has been performed to date to examine the efficacy and tolerability of the combination. Hence, the goals of this study were to test the hypothesis that AMI augmentation would improve psychotic symptoms and be well tolerated in schizophrenic patients who showed poor response to OLA monotherapy.

**Objectives:** The purpose of this study was to compare the efficacy and tolerability of continued olanzapine (OLA) versus amisulpride (AMI) augmentation in schizophrenic patients with poor response to OLA monotherapy.

**Methods:** The present 4-week, randomized, rater-blinded study included 25 patients with schizophrenia who were partially or completely unresponsive to treatment with OLA monotherapy. Eligible subjects were randomly assigned at a 1:1 ratio to continuation of OLA monotherapy (OLA group) or OLA with AMI augmentation (AMI group). Efficacy was primarily evaluated using the Positive and Negative Syndrome Scale (PANSS) at baseline and at 1, 2, and 4 weeks.

**Results:** The changes in PANSS total score and PANSS-positive subscale score were significantly different ( $p < 0.05$ ) between the OLA and AMI groups. The differences between the two groups in PANSS-negative subscale, PANSS-general subscale, Brief Psychiatric Rating Scale, and Clinical Global Impression-Severity (CGI-S) scale scores were not statistically significant.

**Conclusions:** AMI augmentation could be an effective strategy for patients with schizophrenia who show inadequate early response to OLA monotherapy.

**Disclosure of Interest:** W.-M. Bahk Grant / Research support from: Handok Pharmaceuticals, Seoul, Korea, Y. S. Woo: None Declared, S.-Y. Park: None Declared, B.-H. Yoon: None Declared, S.-M. Wang: None Declared, M.-D. Kim: None Declared

## EPV1030

### Jobs Stress and Prodromal Psychosis among Employees with Different Job Occupations Abstract

Z. Amin

Psychiatry Department (IOP), Institute of psychiatry Benazir Bhutto hospital Rawalpindi, Rawalpindi, Pakistan  
doi: 10.1192/j.eurpsy.2023.2323

**Introduction:** As social stress includes social isolation, urban living, trauma and many other stressful events but social stress in context of workplace or job stress includes different factors. As in the case of social stress present at job place can be identified as a stress that is caused by planned social isolation or lack of social

support at workplace. Bullying behavior of colleagues of an employee might also add up to the social stress (Øverli & Sørensen, 2016). Job stress factors also involves harassment on the hand of boss that is most often described as yelling, shouting, insulting and behaving oddly in front of other colleagues. All these factors can be quite stressful for an employee and also comes under the umbrella of social stress. This type of stress, if prolonged and adds other factors can also cause increased risk of psychoses.

**Objectives:** Following study has certain clear objectives mentioned subsequently:

1. To investigate the prevalence of stressful work environment in association with prodromal psychosis for public and private sector employees
2. To investigate the difference between male and female employees for association of work stress with prodromal psychosis.

**Methods:** In this Study cross sectional method will be used. The following two scales The Brief Work Stress Questionnaire to measure work stress and Prodromal Questionnaire, Brief Version (PQ-B) for measurement of prodromal psychosis will be used.

For this study a sample of 300 consisting of doctors, teachers and banking officials (100 each) will be included using convenient sampling technique. The data will be collected from different work occupations like government and private sector. Male and female sample will be collected equally.

**Results:** The objective of the present study is therefore to inspect the symptoms of prodromal psychosis among employees belonging to different occupations. Further to explore its relationship with work stress and other social and clinical demographics. Reliability analysis was done using Cronbach's Alpha. Internal consistency of instruments was measured by Cronbach's Alpha. Descriptive statistics and Pearson Product Moment was also used to analyze frequencies, demographic variables percentage. Independent Sample T-test was also used for assessment of gender difference.

**Conclusions:** This research was conducted to check the prevalence of job stress and its relation to prodromal psychosis in private and government employees in different job occupations. Other objective of this study was to explore the gender differences of job stress and prodromal psychosis among different genders as well as in different civil and private job occupations.

**Disclosure of Interest:** None Declared

## Sexual Medicine and Mental Health

### EPV1031

#### Assessing the impact of Tadalafil on the sexuality and quality of life after acute urinary retention: a randomized controlled Trial

K. Bouassida<sup>1</sup>, A. Loghmani<sup>1,1\*</sup>, M. Ben Othmen<sup>1</sup>, G. Tlili<sup>1</sup>, E. Acacha<sup>1</sup>, W. Ben Abdallah<sup>1</sup>, M. Kahloul<sup>2</sup>, W. Hmida<sup>1</sup>, R. Jaballah<sup>3</sup>, A. Zorgati<sup>3</sup>, R. Boufek<sup>3</sup> and M. Jaidane<sup>1</sup>

<sup>1</sup>Urology; <sup>2</sup>Anesthesiology department and <sup>3</sup>Emergency Department, Sahloul teachin Hospital Sousse, Sousse, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2324

**Introduction:** Acute urinary retention (AUR) is known to have major impact on the quality of life and sexuality of patients with

benign prostatic hyperplasia (BPH). However, little is known about specific approaches that could reduce this impact. Tadalafil, an efficient medication in uncomplicated BPH, may be also useful in serious complications, especially the AUR.

**Objectives:** The aim of this study is to assess the impact of Tadalafil on sexuality and quality of life in patients AUR related to BPH.

**Methods:** This is a randomized, double-blind clinical trial conducted in the Urology and Emergency Departments of Sahloul Teaching Hospital, between June 2020 and January 2022. Consenting men over the age of 45 who had an AUR complicating a BPH were included. Fifty three patients were enrolled and randomized into two groups: intervention group (n=29) in which patients received 5 mg/day of Tadalafil, and control group (n=24) in which patients received a comparable tablet of placebo. The evaluation focused on sexuality and quality of life. For these purposes we used SF-36 short form and IIEF 15.

**Results:** Socio-demographic characteristics were comparable between both groups. Sexuality assessed by IIEF 15 was significantly better in the intervention group (p=0.02). The four SF-36 domains were also significantly improved by Tadalafil: "Physical Function" (p=0.046), "Pain" (p=0.01), "General Health" (p=0.029) and "Health change" (p=0.02).

**Conclusions:** Sexuality and quality of life could be improved by Tadalafil in complicated BPH.

**Disclosure of Interest:** None Declared

### EPV1032

#### Assessing sexuality of patients on dialysis and renal transplant: A Tunisian study

G. Tlili<sup>1</sup>, A. Loghmani<sup>1,1\*</sup>, K. Bouassida<sup>1</sup>, M. Ben Othmen<sup>1</sup>, E. Acacha<sup>1</sup>, W. Ben Abdallah<sup>1</sup>, M. Kahloul<sup>2</sup>, W. Hmida<sup>1</sup> and M. Jaidane<sup>1</sup>

<sup>1</sup>Urology and <sup>2</sup>Anesthesiology department, Sahloul teachin Hospital Sousse, Sousse, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2325

**Introduction:** Chronic renal failure is a public health issue. It leads to a degradation of physical integrity, hormonal disorders and a great psychological impact, which can lead to sexual disorders.

**Objectives:** The aim of this study was to identify risk factors of sexual dysfunction in patients on dialysis and renal transplant patients.

**Methods:** This is a cross-sectional survey conducted in nephrology department of Sahloul teaching hospital (Sousse) and Fattouma Bourguiba teaching hospital (Monastir) over two-month period. Patients on dialysis and renal transplant patients were included. Sexuality was assessed by FSFI and IIEF 15

**Results:** This study enrolled 137 patients (99 patients with chronic renal failure and 38 renal transplant patients). The incidence of erectile dysfunction of men on dialysis was 57% and was associated to a decrease in testosterone level (11%) and an increase in LH level (50%). Its main risk factors were age (p=0.000), the duration (p=0.009), the cardiovascular diseases (p=0.03), the anxiety (p=0.000), the depression (p=0.000) and the different aspects of erectile dysfunction (p=0.000. In women on dialysis, the most