

Introduction: Several studies have mentioned the link between psychotrauma and psychosis. A direct causal link remains to be discussed.

Objectives: Evaluate the link between sexual abuse and psychosis.
Methods: We report the case of a male patient who developed schizophrenia following sodomy rape. We performed a literature review based on a PubMed search with the following keywords: "rape sodomy psychosis".

Results: Mr. M., 26 years old, with a personal psychiatric history of chronic psychosis evolving for 10 years, consulted us for follow-up of his schizophrenia. When he was 16, the patient was raped by sodomy by a 40-year-old man under stabbing threat. After this incident, the patient did not verbalize this trauma, he isolated himself, became irritable and aggressive and has had olfactory hallucinations. The symptomatology worsened until the age of 24 when the patient presented a delusional syndrome with a theme of persecution, mysticism, bewitchment by a mechanism of interpretation and visual hallucinations. Then, he was hospitalized in psychiatry for psychomotor instability, verbal hetero-aggression. He had been diagnosed with schizophrenia evolving over 9 years. Treatment with an antipsychotic: risperidone and valproic acid was started. The evolution was quickly favorable but the patient currently presents blunted affect, a sexual disinterest and a strong desire for revenge from his rapist. Treatment adjustment and psychotherapy would be considered.

Conclusions: The onset of subsequent rape psychosis and the persistence of symptoms related to the trauma are arguments in favor of a direct causal link between sexual abuse and schizophrenia.

Disclosure: No significant relationships.

Keywords: sodomy; psychosis; adolescent; rape

EPV0614

Negative symptoms of schizophrenia in patients with acute and transient psychotic disorders

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Introduction: The ICD-10 acute and transient psychotic disorders (ATPD, F23) without symptoms of schizophrenia are considered predominantly reactive psychotic disorders or affective pathology. However, negative symptoms of schizophrenia may be revealed in some of these cases after the psychotic reduction.

Objectives: To investigate the association between the developmental characteristics of psychosis and the negative symptoms detection after the psychotic reduction of ATPD without symptoms of schizophrenia.

Methods: 68 adult inpatients with ATPD without symptoms of schizophrenia (F23.0) were examined. Negative symptoms were assessed with the PANSS negative symptom subscale (PANSS-NSS). The sample was divided into two groups: with PANSS-NSS score >14 (n=12) and with PANSS-NSS score ≤14 (n=56),

respectively. Clinical-psychopathological, psychometric and statistical methods were applied.

Results: The results of the study are presented in Table 1.

Table 1. The ATPD developmental features			
Features	The 1 st group (n=12)	The 2 nd group (n=56)	Pearson's contingency coefficient (C)
Males	7 (58,3%)	37 (66,1%)	0.062
Females	5 (41,7%)	19 (33,9%)	0.062
Mean age of psychotic onset, years (M±m)	24,9±10,5	30,8±10,2	-
Family history of schizophrenia*	4 (33,3%)	1 (1,8%)	0.418
Poor premorbid social adaptation*	5 (41,7%)	0	0.520
Prodromal functional decline*	9 (75,0%)	4 (7,1%)	0.550
Prodromal non-psychotic symptoms	9 (75,0%)	30 (53,6%)	0.163
Associated acute stress	4 (33,3%)	27 (48,2%)	0.113

*p<0,001

Conclusions: The probability of negative symptoms detection in ATPD without symptoms of schizophrenia is relatively strongly associated with the family history of schizophrenia, poor premorbid social adaptation and functional decline prior to the psychotic onset.

Disclosure: No significant relationships.

Keywords: negative symptoms; schizophrenia; Acute and transient psychotic disorder

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Introducing a psychiatric genetic cohort of schizophrenia patients and controls from Vietnam

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Introduction: Genome-wide association studies (GWAS) have successfully revealed genetic risk variants for schizophrenia (SCZ). However, the vast majority of GWAS largely comprise European