

EPV0618

Achievement of remission after first-episode psychosis in youth

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doi: 10.1192/j.eurpsy.2021.2125

Introduction: Dynamic assessment of remission achievement after first-episode psychosis (FEP) is necessary for early detection of post-psychotic depression, negative symptoms and changes in personality traits. The latter allows to decrease suicide risk and optimize treatment and social rehabilitation.

Objectives: We aimed to analyze achievement of remission after FEP in youth and to define prognostic criteria for psychosis outcome.

Methods: Fifty-six patients (16-25 y.o., mean age 19,8 ± 2,5 y.o.) after FEP have been receiving follow-up outpatient visits for 3 years. PANSS was applied to assess psychotic symptoms. Depressive symptoms were assessed with HAMD-21.

Results: Remission achievement after FEP is a three-stage process. The stage of reduction and modification of psychotic symptoms is characterized by diminishing personality deterioration and decrease of leading positive symptoms. The second stage, stabilization, is defined through the presence of depressive symptoms with positive (HAMD-21 17,49 ± 7,49) and negative affectivity (HAMD-21 23,68 ± 9,24) with preponderance of emotional, volitional, and cognitive deficits as well as high suicide risk. The third stage, reintegration, is characterized by the combination of negative symptoms with preserved personality resources. There are three reintegration trajectories, with predominant affective or negative symptoms or personality deficits. Mean decrease of PANSS scores was 54,88 ± 6,17 during the overall remission. In the majority of cases (62,5%) the stage of reintegration was finished with the achievement of high-quality remission, coinciding with international remission criteria. The study was supported by RFBR grant 18-013-01214

Conclusions: Our approach to remission assessment allowed us to decrease suicide risk and to provide optimal treatment.

Disclosure: No significant relationships.

Keywords: achievement of remission; youth psychiatry; First episode psychosis

EPV0619

Religious delusions in adolescence and young adults: Features of psychopathology and clinic

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doi: 10.1192/j.eurpsy.2021.2126

Introduction: Religious delusions is a complex psychopathological phenomenon. The delusional disorders with religious content in young age, the need for an additional detailed study of the conditions of their formation, patterns of the course and outcome of the disease determine the relevance of this study.

Objectives: To identify the psychopathological features, the conditions of formation, the characteristics of the course of psychosis with religious delusions in young age.

Methods: 95 patients (62 male and 33 female) with religious delusions (delusion of sin - 33,7%, delusion of demonic possession (40,0%), messianic and antagonistic delusion - 18,9%, oneiroid with religious content - 7,4 %) in psychotic episode (F20, F25 according to the ICD-10) at a young age (16-25 years) were included in the study and examined with clinical-psychopathological, clinical-follow-up and psychometric (PSP, SANS) methods. The average duration of follow-up was 7.4 ± 2.3 years.

Results: In a post-psychotic period it is possible to preserve or form religiosity, as well as a complete reduction of the religious worldview in patients who had been indifferent to religious issues before the first episode of the disease. Though, the formation of residual psychotic symptoms with religious content were noted with greater frequency. The delusions of demon obsession in a psychosis episode is unfavorable prognostic factor.

Conclusions: General psychopathological features of psychotic states with religious delusions, according to the specificity of young age, were identified. A role of the previous religiosity, including overvalued religious ideas, was clarified.

Disclosure: No significant relationships.

Keywords: delusions; Religiosity; youth; psychosis

EPV0620

Being psychotic is not necessarily being ill: Psychotic continuum and the relevance of lacanian psychoanalytic approach

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doi: 10.1192/j.eurpsy.2021.2127

Introduction: The notion of subclinical psychosis is as old as Eugen Bleuler's work on schizophrenia. It is also consistent with psychodynamic theories (see PDM-2) on the organization of personality on different levels including, among others, a psychotic level of personality organization. Research on the continuum of psychosis has offered substantial support to the view that psychotic phenotypes are significantly more prevalent than clinical psychosis.

Objectives: This may imply that being "psychotic" is not necessarily being ill. This assumption raises important theoretical and clinical questions: what causes psychosis to manifest itself clinically and, conversely, what possibly prevents it from doing so?

Methods: At the same time, it potentially frees psychiatry from certain diagnostic and therapeutic impasses. It allows for a shift of emphasis from misleading classifications and often frustrating "evidence-based" therapeutic attempts to a more personalized approach.