

Serum IL-33	Admission Mean±sd	Discharge Mean±sd	Z	P value
12:00 h.	191.0±348.7	247.0±378.2	-0.166	0.868
00:00 h.	218.8±370.3	153.6±275.7	-2.203	0.028

Conclusions: The decrease of serum IL-33 at 00:00 at discharge compared to the 00:00 IL-33 serum level at admission points to the utility of this biomarker as a surrogate of brain inflammation.

Disclosure of Interest: None Declared

EPV0958

Differential diagnosis of late onset psychotic symptoms. A case report.

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Introduction: We present the case of a sixty-seven-year-old woman who is examined for the first time in the emergency room because of a nine-month clinical picture that involves psychotic symptoms. The patient exhibits persecutory delusions that started after she shared some private information on social media. These symptoms also entail emotional distress and behavioral disturbances. She has never experienced hallucinations, but she does present delusional interpretations of the environment. Her clinical history reveals abnormalities of premorbid personality, including paranoid and immature features.

Objectives: (1) We will be carrying out a differential diagnosis of late onset psychotic symptoms. We will as well be exploring the concept of Paraphrenia and analyzing its differential features in order to establish the most suitable diagnosis for the case.

(2) The relationship between abnormalities in premorbid personality and psychotic symptoms will be covered, reviewing the available literature on this matter, and relating it to the patient's symptomatology.

Methods: A review of the patient's clinical history will be carried out, considering her biography, the testimony of her family and the complementary tests performed during the hospitalization period. A bibliographic review of the available scientific literature will also be developed involving disorders that could explain psychotic symptoms in the elderly, as well as the term Paraphrenia, which describes specific features in a psychotic episode but is not included in the diagnostic manuals.

Results: (1) The symptomatology that our patient exhibits may be considered atypical given the late stage of its onset and its specific features.

(2) The case could be explained under the category of Delusional Disorder. From a psychopathological point of view, it could also fit under the diagnosis of Paraphrenia as described by Ravindran et al.

(3) Pathological personality traits were assessed in premorbid personality which included paranoid and immature features.

Conclusions: It could be useful to review the concept of the "paranoid spectrum" as proposed by some authors regarding some

patient's psychotic symptoms that don't exactly fit any of the nowadays diagnostic categories. "Paraphrenia" could be understood as a distinct clinical entity for patients who show psychotic disorders but keep affective warmth and lack though deterioration and grossly disorganized behavior.

Most patients with late life paranoid psychoses have abnormal premorbid personalities, most usually of schizoid or paranoid type. There's a decent amount of consensus in viewing the premorbid personality as having been abnormal as an early marker of impending psychosis.

Reformulating the way we approach diagnosis of psychotic symptoms of late onset could help us identify vulnerable patients on a premorbid stage and better classify and understand atypical entities.

Disclosure of Interest: None Declared

EPV0959

Ekbom Syndrome - A Case Report

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Introduction: Ekbom Syndrome is a rare condition presenting as a uni-thematic delusional belief of parasitosis. Affected individuals are often socially isolated presenile females. The syndrome is characterised by kinaesthetic hallucinations of insect infestation with persistent pruritis. First described by Karl Ekbom in 1938, presentations are rare, often presenting initially to primary care and dermatological services. We report a case of an older adult female referred to Community Mental Health Team following multiple presentations to the primary care physician with subsequent diagnosis of Ekbom Syndrome.

Objectives: To illustrate a rare case report of Ekbom Syndrome, managed successfully in the community in Ireland.

Methods: A retrospective case study. Data was reviewed from available psychiatric and medical records including laboratory testing.

Results: A 69 year old Catholic Nun was referred to the CMHT for psychiatric assessment. The patient presented to the CMHT appointment as distressed. She reported a 15 year history with significant deterioration 4 months prior, of progressive symptoms of a 'crawling and biting sensation' all over her body, alongside intermittent anxiety related to the infestation. The patient acknowledged that she had visited her primary care physician on multiple occasions seeking resolution. On one occasion the patient brought a sample of the alleged parasites inside a small container, 'matchbox sign'.

A professional pest control agency had recently been employed to decontaminate her bedroom in the parish house of which she is resident in. She described a rigid routined, daily washing of clothes. Medical history was significant for pituitary gland adenoma 30years prior, with pituitary excision twice secondary to visual disturbance and reoccurrence. She was on lifelong thyroid replacement with acceptable postoperative functioning.

The patient was commenced on Aripiprazole oral medication and received psychoeducation via Specialist Mental Health Nursing

Outreach. Pimozide was deemed unsuitable due to presence of numerous cardiac risk factors. Physical and delusional psychopathology resolved in a trajectory fashion with aripiprazole titration. It was hypothesised that the patient had premorbid anankastic personality traits, exacerbated by the COVID19 pandemic prior to presentation.

Conclusions: Patients with delusional parasitosis can have complex medical and social histories and may present to psychiatry as a last resort. These clinical presentations can occur after periods of dermatological input and following extensive efforts to decontaminate their physical surroundings. Psychotic symptoms of Ekblom Syndrome may be effectively controlled with psychotropic therapy and patients benefit from psychoeducation about their rare disorder.

Disclosure of Interest: None Declared

EPV0960

Combined Foot and Eye Dominance Scale as a useful tool for the assessment of lateralization

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Introduction: Lateralization is the functional dominance of one of the dual organs of the body: eyes, arms, legs and even ears, during their spontaneous or purposeful actions. The handedness is influenced by many factors like geographic region, genetic and cultural factors as well as sex. The most used assessment for functional lateralization is hand dominance. When assessing foot and eye dominance, however, we find significantly higher left foot dominance as well as very strong left eye dominance in schizophrenic patients versus controls. We consider the explanation of this results is because in Bulgaria, during the communist regime (before 1990) left hand writing was under cultural pressure. Also handedness itself is influenced by other cultural factors as mentioned already. All of the above made us conclude that foot and eye dominance may assess much better the lateralization than hand dominance.

Objectives: The aim of the study was to investigate the reliability (internal consistency) of a combined Foot and Eye Dominance Scale in women- patients with schizophrenia and healthy subjects.

Methods: A sample of 94 women- schizophrenia patients and healthy controls were assessed with a Combined Foot and Eye Dominance Scale. It consisted of two subscales Foot Dominance Subscale and Eye Dominance Subscale. The Foot Dominance Subscale included a modified Chapman & Chapman Foot Dominance Scale and a new Complex Task Scales with four foot tests, reflecting on complex tasks. The Eye Dominance Subscale included three eye tests. Scale reliability statistics (item-scale statistics, summary statistics for the items, Cronbach's alpha), non-parametric Mann-Whitney test and Spearman's rank correlation coefficient were used.

Results: Considerable differences were found in the contribution of the single items to the Combined Foot and Eye Dominance Scale. Some items show greater means than other items (from 0,14 to 0,80), which suggested greater phenogenetic component and

consequently greater contribution of these items to the total scale mean. The mean correlation between the items of the Combined Foot and Eye Dominance Scale was positive (0,32), indicating good internal consistency of the scale.

Conclusions: The Combined Foot and Eye Dominance Scale more strongly and objectively reflect leftedness and could be a more useful tool for the assessment of lateralization irrespectively of culture and nation. The Combined Scale allows cross-cultural worldwide equivalence to the different studies in different neuroontogenetic diagnoses with presumed abnormal cerebral asymmetry.

Disclosure of Interest: None Declared

EPV0961

Evaluation of sexual dysfunction in patients with schizophrenia: A descriptive cross-sectional study

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Introduction: Schizophrenia is a common chronic mental illness (1% of the general population) classified by the World Health Organization in the group of the 10 most disability causing diseases. Despite its impact on social and relational functioning and the alteration of the quality of life, the sexuality of these patients is not always explored.

Objectives: Evaluate the sexuality of patients with schizophrenia by comparing men and women followed in the "A" psychiatry department of Razi Hospital in Tunisia.

Methods: A descriptive cross-sectional study was conducted with 50 stabilized patients (25 men and 25 women) suffering from schizophrenia.

The research for sexual dysfunctions was carried out with the ASEX scale (Arizona Sexual Experience Scale) and CSFQ-14 (Changes in sexual functioning questionnaire) in their French version.

A correlation was used between these two scales in order to guarantee results' conformity.

Results: The sexual activity rate was 64.0% at the time of the study and 88.0% over a life span. These sexual activity rates were comparable between the two sexes.

The overall rate of sexual dysfunction was 68.7% of sexually active patients at the time of the study and concerned 72.2% of men and 64.3% of women, with no difference according to gender.

The different sexual dysfunctions were equally present in men and women, except for the dimension disorder: desire/interest, desire/frequency and arousal, which were more frequent in women.

Conclusions: The sexual aspect in patients followed for schizophrenia remains neglected by clinicians. It deserves better attention in order to optimize the overall care of patients and improve their quality of life.

Disclosure of Interest: None Declared