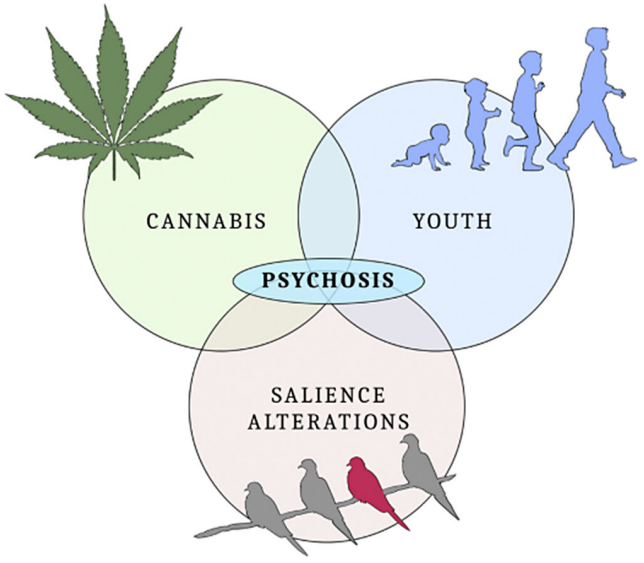
correlation with more severe psychotic symptoms. The employment of several different psychometric scales and the inclusion of a variegated cohort allowed to pursue multiple secondary objectives.
Methods: We recruited 192 patients, subsequently divided into six subgroups based on age and department of recruitment (whether adolescent or adult psychiatric or neurologic units - the latter serving as controls). Each individual was administered a set of questionnaires and a socio-demographic survey; the set included: Aberrant Salience Inventory (ASI), Community Assessment of Psychic Experiences (CAPE), Positive and Negative Syndrome Scale (PANSS), Montgomery-Asberg Depression Rating Scale (MADRS), Mania Rating Scale (MRS), Hamilton Anxiety Scale (HAM-A), Association for Methodology and Documentation in Psychiatry (AMDP) and Cannabis Experience Questionnaire (CEQ).
Results: The data analysis showed statistically significant ($p<0.05$) differences between adolescents and adults with psychotic symptoms in all of the three scales of PANSS and in MADRS. These two groups were homogenous for both cannabis use and ASI score. The intra-group comparison (either adolescent or adult) showed a hierarchical pattern in the scores of psychometric scales according to the diagnostic subgroup of allocation: patients with psychotic symptoms showed an higher level of psychopathology in all measures when compared to patients from the psychiatric unit without psychotic symptoms, which in turn scored higher than the patients from the neurologic unit.
Image:



Conclusions: The results of the present study may suggest that when salience alterations occur in adolescents with cannabis exposure, we might observe worsened positive and negative psychotic symptoms; their influence might be relevant also in other domains, especially regarding the depressive and anxiety spectrums.

Disclosure of Interest: None Declared

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"God speaks to me through a dove". The evidence of clozapine in treatment-refractory psychosis

B. Rodríguez Rodríguez[1], P. Marqués Cabezas[1]*, M. Queipo de Llano de La Viuda[1], N. Navarro Barriga[1], G. Guerra Valera[1], M. B. Arribas Simón[1], C. Alario Ruiz[1], M. J. Mateos Sexmero[1], M. Fernández Lozano[1], P. Marínez Gimeno[1], M. Calvo Valcárcel[1], M. A. Andreo Vidal[1], M. P. Pando Fernández[1], A. Monllor Lazarraga[1], M. Ríos Vaquero[1], G. Lorenzo Chapate[1], L. Rojas Vázquez[1], C. De Andrés Lobo[1], T. Jiménez Aparicio[2] and M. D. C. Vallecillo Adame[1]

[1]Psiquiatría, Hospital Clínico Universitario de Valladolid, Valladolid and [2]Psiquiatría, Hospital Clínico Universitario de Valladolid, Valladolidº, Spain
*Corresponding author.
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Introduction: Clozapine is an atypical antipsychotic synthesised in 1958. It was withdrawn from the market in the 1970s due to the appearance of agranulocytosis, but was reintroduced due to strong evidence of its efficacy and superiority over other antipsychotics in treatment-resistant schizophrenia.
Objectives: To describe the adequate response to clozapine in treatment-refractory psychosis.
Methods: Review of the scientific literature based on a relevant clinical case.
Results: A 16-year-old woman was admitted to a psychiatric inpatient unit for psychotic symptoms and behavioural disorders. She lives with her father and older sister; she has not been in contact with her mother, who lives in another country, for several years. She attends secondary school, with poor academic performance. Maternal diagnosis of schizophrenia. She started using cannabis two years ago, with a progressive increase up to 20 grams per week. He reports the onset of a feeling of strangeness a year ago, with progressive isolation in his room, referring to delirious ideation of harm towards classmates and people from his town, self-referentiality and delirious interpretations of religious mystical content ("God speaks to me through a dove"). He comments on the phenomenon of theft and thought-reading. Soliloquies and unmotivated laughter are observed.
Conclusions: Treatment was started with risperidone, progressively increasing the dose up to optimisation, without achieving a decrease in positive symptoms, but with the appearance of excessive sedation and sialorrhoea. It was combined with aripiprazole up to 20mg, maintained for a couple of weeks, without significant clinical improvement. Given the failure of two lines of therapy, it was decided to change to clozapine up to a dose of 75mg, with adequate tolerance and response, achieving a distancing of the delirious ideation. Regular haematological controls were performed, with no alterations in haemogram or troponins.

Disclosure of Interest: None Declared