

**EPV0632****Yoga-based group therapy for in-patients with schizophrenia spectrum disorders – a qualitative approach**

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**Introduction:** Yoga may pose a promising complementary therapy in the multimodal treatment of schizophrenia spectrum disorders (SSD). However, to date, no studies have qualitatively examined the patients' experience of practising Yoga.

**Objectives:** This qualitative study aimed to assess the mechanisms and processes of Yoga-based group therapy (YBGT) for in-patients with SSD by exploring their subjective experiences.

**Methods:** Twenty-five semi-structured interviews were conducted with in-patients with SSD after they participated in a YBGT session. Interviews were transcribed, coded by two independent researchers, and analysed using an inductive thematic approach. The research team collaboratively discussed emerging categories to reduce redundancy and form meaningful themes and subthemes.

**Results:** The analysis revealed seven main themes. YBGT was perceived as feasible and focusing on individual adaptation, captured by the theme 'inclusivity'. Nevertheless, participants encountered 'challenges'; thus, physical limitations need to be considered. While practising together, participants experienced 'interconnectedness' and developed a 'mindful stance' as they accepted their limitations and adapted exercises with self-compassion. Following the flow of asanas required physical persistence, which ultimately led many participants to experience 'confidence' and 'relaxation'. YBGT affected 'symptom representation' as heightened awareness led participants to notice impeding as well as improved symptoms.

**Conclusions:** YBGT seemed to have various promising effects on in-patients with SSD. Future research should examine to what extent these effects can be sustained and how the mindful approach during YBGT can be transferred to areas outside the Yoga class. Furthermore, a randomised-controlled trial could investigate the effectiveness of a manualised YBGT.

**Disclosure:** No significant relationships.

**Keywords:** yoga-based group therapy; Schizophrenia spectrum disorders; qualitative approach; psychosis

**EPV0633****The usage of clozapine in a patient with schizophrenia and epilepsy: A case report**

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**Introduction:** The usage of clozapine in patients with schizophrenia and epilepsy raises many challenges due to the epileptogenic effects of the drug. There is little data about using clozapine for treatment of treatment-resistant schizophrenia (TRS) accompanied by epilepsy.

**Objectives:** To present a case report illustrating a patient diagnosed with epilepsy and TRS, successfully treated with clozapine.

**Methods:** A literature review on "PubMed" database was conducted, using the keywords: clozapine, antipsychotics, epilepsy, seizures, psychoses. Information regarding the clinical case was obtained by consulting the patient's file.

**Results:** We present a woman, 33 years old with mild intellectual disability and a 10-year history of schizophrenia. At the age of 24, the patient lost consciousness and experienced tonic – clonic seizure, but epilepsy was not diagnosed. The patient was hospitalized multiple times due to positive symptoms of schizophrenia and suicidal thoughts. Various combinations of neuroleptics and electroconvulsive therapy were used for treatment without therapeutic effect. At the age of 32, a diagnosis of TRS was established, leading to treatment with a moderate clozapine dose (400mg/day). At the fifth month of treatment with clozapine an episode of generalized seizures occurred, leading to a diagnosis of idiopathic generalized epilepsy. Since then, the patient was treated with levetiracetam and the dosage of clozapine was lowered to 275mg/d. The seizures did not re-occur and clinical response to the psychiatric treatment was positive.

**Conclusions:** This case report highlights how clozapine can be used safely and effectively for patients with TRS and epilepsy and how the epileptogenic effects can be moderated by using antiepileptics in the overall treatment scheme.

**Disclosure:** No significant relationships.

**Keywords:** clozapine; Epilepsy; treatment resistant schizophrenia; seizures

**EPV0634****Dehydroepiandrosterone sulfate (DEHA-S), cortisol and adrenocorticotrophic hormone (ACTH) levels in drug-naïve, first episode patients with psychosis**

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**Introduction:** Impaired response to stress and a pathological activation of the hypothalamic-pituitary-adrenal axis have been implicated in the pathophysiology of schizophrenia

**Objectives:** To measure serum ACTH, cortisol and DEHA-S levels in drug-naïve, first-episode patients with psychosis.

**Methods:** Results are reported as mean (standard deviation, range). Paired t-test or Wilcoxon signed rank test were performed for

group comparisons. The level of significance was set at  $p$ -value<0.05. Statistical analysis was performed with Stata 15.1.

**Results:** Data were included for 110 subjects (70 men, 40 women); 55 patients and 55 controls matched for age and sex. Mean age was 31.3 years (8.7, 18-48) in patients and 31.4 years (8.9, 17-49) in controls. Serum cortisol and Cortisol/DHEA-S ratio were statistically significantly lower in patients [12.6 $\mu$ g/dl (4.5, 3.5-24.5) and 5.3 (3.6, 1.3-19.5), respectively] compared to controls [15.5  $\mu$ g/dl (4.9, 4.2-30.1) and 8 (4.7, 1.1-25.5), respectively] ( $p$ -value=0.0068 and 0.0005, respectively). Additionally, serum DHEA-S was statistically significantly higher in patients [306.5  $\mu$ g/dl(165.4, 70-790)] compared to controls [240.1  $\mu$ g/dl(113.5, 46-597)] ( $p$ -value=0.0114). ACTH was also higher in patients [28.5 pg/ml(15.7, 6.2-73.9)] than controls [26.5 pg/ml (15.3, 7-70.5)] but this difference wasn't statistically significant ( $p$ -value=0.6359).

**Conclusions:** We report elevated DEHA-S, decreased cortisol levels and decreased cortisol/DEHA-S ratio in the patients' compared to the controls' group.

**Disclosure:** No significant relationships.

**Keywords:** DEHA-S; ACTH; psychosis; cortisol

## EPV0635

### Schizophrenia: Tendency and distribution of incidence study

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**Introduction:** The prevalence of schizophrenia is close to 1 percent internationally. According to the 2019 census, the population in the province of León, our study population, is 460,001 inhabitants.

**Objectives:** To study the distribution of schizophrenia in the area covered by the Complejo Asistencial Universitario de León, Spain.

**Methods:** This is a retrospective and cross-sectional descriptive study. The data of the hospitalizations of the last 10 years (2009-2019) will be obtained in any service of the CAULE of the 28 basic health areas of the province of León, with a diagnosis of schizophrenia. Prevalence will be calculated. The rate of schizophrenia will be calculated for the decade per 1000 inhabitants.

**Results:** 3133 admissions identified 1576 unique patients. It is the decade of 50-59 where the largest number of hospitalizations is concentrated. Most entered directly into the psychiatry hospital care. It is 2019 where the most income is produced and 2017 the one with the least. The rate of schizophrenia is 3,2 Per 1000 inhabitants.

**Conclusions:** Hospitalizations for schizophrenia is concentrated in the decade of the 40-49 years. The diagnosis of schizophrenia is frequently delayed until negative symptoms appear. There is an upward trend in hospitalizations per year in the last decade. The rate of schizophrenia is higher in areas where consanguinity is present and where the prison is located.

**Disclosure:** No significant relationships.

**Keywords:** Hospitalizations; Incidence; schizophrenia

## EPV0636

### Psychosis in a 40-year-old man as debut of Alzheimer's disease

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**Introduction:** Psychosis in Alzheimer's disease has an incidence of ~ 10% per year. Recent work has focused on the presence of psychosis in people with mild cognitive impairment, as a risk factor for the development of Alzheimer's disease.

**Objectives:** To study a case of Alzheimer's disease presenting psychotic symptoms

**Methods:** Retrospective review of clinical records and complementary test, including psychiatry, electrophysiology and neurology.

**Results:** A 40-year-old goes to the emergency room due to hetero-aggression at home. He says that his father steals his money and prostitutes have been hired in his house. The patient is oriented, partially collaborative and approachable. Psychomotor restlessness is observed. He has self-referral delusions, auditory hallucinations and insomnia. Provisional diagnosis of acute psychotic episode made and low dose risperidone was prescribed. During his stay on the hospital Ward, sedation, recent memory alterations, spatio-temporal disorientation lack of initiative and disorganized behaviors appear. Risperidone is withdrawn and complementary test are performed. Imaging tests show temporal and frontal atrophy. Increased TAU protein and low levels of amyloid in CSF are found. Brain biopsy is +. His mother died of Alzheimer's disease with 36 years-old and another affected brother with 42 yeras-old. The definitive diagnosis is Alzheimer's disease and genetic studies are currently being carried out.

**Conclusions:** Psychiatric symptoms may be present in Alzheimer's disease. It is mandatory to carry out an adequate organic screening before a late first psychotic episode.

**Disclosure:** No significant relationships.

**Keywords:** alzheimer's disease; psychosis

## EPV0637

### Stigma, insight and social anxiety in first episode patients with psychosis

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**Introduction:** People with schizophrenia are considered to be within the most stigmatized social groups. Accurate and efficient