

composed of 7 items: two positive items (delusions and hallucinations) which make the m-SAND Positive sub-scale (m-SAND-P) and five negative items (anhedonia, alogia, avolition, asociality and affective flattening) which make the m-SAND Negative sub-scale (m-SAND-N) Each item is rated from 0 to 5 (not observed; mild; moderate; moderately severe; severe; and extreme). Other measurements included the Self-evaluation of Negative Symptoms (SNS), a validated scale that provides meaningful information regarding the patients' own perception of their negative symptoms. Least squares (LS) means were calculated for the change from baseline to final visit using a mixed model for repeated measures (MMRM).

**Results:** 188 patients were included in the study. The mean age was 39.8 years and 65% of patients were men. The mean duration of illness was 12 years. At baseline, patients rated alogia and apathy (mean SNS score: 5.7) to be the most severe and then asociality (5.5). In contrast, doctors found affective blunting (mean m-SAND total score: 4.3), apathy (4.2) and anhedonia (4.0) to be the most severe.

After the end of the observational period all negative symptom sub-domains improved significantly according to both the patients' and doctors' views. The latter group reported -1.9 LS mean change from baseline in apathy, -1.8 in anhedonia, and -1.7 in asociality (all p-value <0.0001). Patients felt most change in alogia and asociality (-2.7), and apathy and anhedonia (-2.4).

**Conclusions:** In summary, both patients and doctors reported significant improvement in predominant negative symptoms. Nonetheless, there were some differences how they perceived severity and change in the specific domains.

**Disclosure of Interest:** J. Dragasek: None Declared, Z. Dombi Employee of: Gedeon Richter Plc., K. Acsai: None Declared, V. Dzurilla Employee of: Gedeon Richter Plc., Á. Barabásky Employee of: Gedeon Richter Plc.

## EPP0176

### Dandy-Walker malformation and psychotic disorder. Review in accordance with a clinical case

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doi: 10.1192/j.eurpsy.2024.380

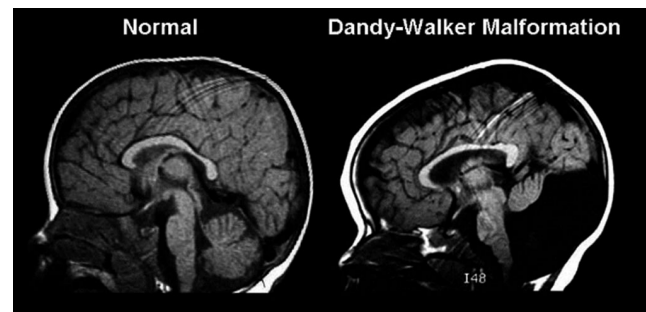
**Introduction:** A clinical case is presented of an 18-year-old woman diagnosed with Dandy-Walker malformation, who is admitted to an Acute Inpatient Psychiatry Unit due to atypical psychotic symptoms, pseudology and aggressive behaviour. After several medication trials, there is a partial response observed with low doses of clozapine, consolidating the improvement afterwards, being referred to an open-door community mental health center because of poor family and social network.

**Objectives:** Review clinical information about Dandy-Walker malformation and the development of psychiatric disorders, specifically psychotic symptoms, pointing out the peculiarities regarding clinical presentation and treatment management.

**Methods:** Search in the medical database PUBMED, MEDSCAPE and UPTODATE. Keywords: "Dandy-Walker Syndrome", "Psychotic Disorders".

**Results:** The Dandy-Walker syndrome consists on a cystic dilatation of the fourth ventricle, an abnormally high tentorium and the agenesis of the cerebellar vermis. Cerebellar structures are involved in cognitive, emotional and behavioural processes. This syndrome is related to the development of psychotic and affective disorders, as well as obsessive-compulsive disorder. The clinical presentation is usually atypical, being characterised by an early onset, a family history of psychosis and a high prevalence of cognitive deficit and borderline intelligence. There are no specific drugs recommended for the treatment of these patients, which present a high rate of refractoriness to antipsychotic treatments, together with a greater sensitivity to its side effects. Depending on the clinical presentation it is advisable to focus on the most relevant symptoms to be treated and potential side effects in order to reduce polypharmacy.

**Image:**



**Conclusions:**

- The Dandy-Walker syndrome is related to a higher risk of psychiatric disorders
- Clinical presentation is usually atypical and in early stages
- There is a high rate of refractoriness and greater sensitivity to treatments
- A specific pharmacological treatment is not recommended and it is recommended to avoid polypharmacy

**Disclosure of Interest:** None Declared

## EPP0177

### Are direct costs in schizophrenia influenced by duration of illness? results from a retrospective follow-up study

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doi: 10.1192/j.eurpsy.2024.381

**Introduction:** In Italy, it was recently estimated that the total economic burden for schizophrenia is € 2.7 billions, of which around 50% is derived from direct costs and 81% of these are due to hospitalization, residential facilities and semi-residential facilities, whereas only 10% of direct costs is derived from