

Objectives: Expounding the importance of inborn errors of metabolism as possible causes of a psychotic episode.

Methods: Describing the case, supporting our data with a bibliographic research made on PubMed.

Results: We describe a psychiatric adult-onset OTC deficiency in a 37-year-old woman with borderline intellectual functioning and a psychotic episode in the context of an infection that was wrongly diagnosed at first as schizophrenia, until the genetic study was carried out. The woman's familiar history shown an OTC deficiency among some family members, a mutation-carrier sister and at least two male children death by the first month of life.

Conclusions: Organic psychosis can be caused by a large number of medical diseases. A differential diagnosis of possible cerebral, toxic or metabolic causes of psychosis is necessary to avoid mistakes in diagnosis.

Disclosure: No significant relationships.

Keywords: OTC deficiency; Organic psychosis; Psychosis

EPV1421

Schizophrenic or blind but not both

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doi: 10.1192/j.eurpsy.2022.2049

Introduction: Although visual impairment appears to be a risk factor for schizophrenia, early blindness may be protective. It's a phenomenon that has puzzled even the smartest scientific brains for decades. It might surprise you: no person born blind has ever been diagnosed with schizophrenia.

Objectives: The aim of this research is to discover the relationship between schizophrenia and congenital blindness and whether there is a protective gene and whether visual perception is an essential stage in the onset of diseases itself.

Methods: It's a case study of a family consisting of 13 brothers and sisters, three of whom were blind at birth, three with schizophrenia. We proceeded with a study of the medical files of all the schizophrenic patients and also ophthalmological exams for all the family members.

Results: Preliminary observational analysis of this clinical case suggests the following hypothesis: the presumed protective role of congenital blindness against schizophrenia. Moreover, the ophthalmological exams showed no visual impairment in schizophrenic patients. The bibliographic research has objectified more than three recent studies in this direction.

Conclusions: The relationship between schizophrenia and congenital blindness is still unrecognized and controversial. Several studies are done in this neurodevelopmental field but so far there has been no assertion nor confirmation of the suggested hypothesis. More research is needed.

Disclosure: No significant relationships.

Keywords: blindness; congenital; schizophrenia

EPV1423

The importance of blood count and oxidative stress in the drug-naïve first episode schizophrenia

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doi: 10.1192/j.eurpsy.2022.2050

Introduction: Schizophrenia (SZ) is associated with changes in haematological parameters related to low-grade inflammation state and could be amplified via oxidative stress (OS) related mechanisms. Although studies confirm this relationship, the results could be cofounded by patients' treatment.

Objectives: The study aimed to assess the connection between venous blood count and OS in drug-naïve first-episode SZ patients.

Methods: The study consisted of 24 SZ drug-naïve patients during first episode of psychosis (median age: 22 years), and 31 healthy individuals (HC) as a control group (median age: 28 years). The examination included clinical data, OS parameters (enzymatic and non-enzymatic antioxidants), peripheral blood counts.

Results: We did not find differences between SZ and HC in blood count parameters ($p > 0.05$). In patients group, white blood cells (WBC), neutrophils and neutrophils-to-lymphocyte ratio (NLR) were positively related with the severity of positive symptoms ($R = 0.59$, $R = 0.53$, $R = 0.50$; $p < 0.05$, respectively). WBC was related to superoxide dismutase (SOD-1) levels (HC: $R = -0.36$, SZ: $R = 0.70$; $p < 0.05$). Neutrophils were positively related to catalase (CAT) ($R = 0.52$; $p < 0.05$) and ferric reducing antioxidant power (FRAP) ($R = 0.61$; $p < 0.05$), but only in the patients' group. There was a positive relationship between NLR and CAT ($R = 0.45$; $p < 0.05$) in the SZ group.

Conclusions: The results indicate potential connection and interplay between OS and blood count parameters in the onset of psychotic episode. Further studies on a larger group of patients are needed.

Disclosure: No significant relationships.

Keywords: Oxidative stress; First Episode Psychosis; white blood cells; drug-naïve

EPV1424

The effect of COVID-19 pandemic on admissions for cannabis-induced psychotic disorder

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doi: 10.1192/j.eurpsy.2022.2051

Introduction: Cannabis-induced psychotic disorder (CIPD) is defined by the development of psychotic symptoms during or briefly after intoxication with cannabis or withdrawal from cannabis. The social measures and restrictions implemented following the COVID-19 pandemic might have had an impact on cannabis availability, as suggested by patients from our clinical practice, reporting a shortage of the substance.

Objectives: To compare sociodemographic, clinical characteristics and admission rates of inpatient treatment for cannabis-induced psychotic disorder in COVID-19 pandemic period and pre-pandemic period.

Methods: Retrospective observational study of inpatient admissions for CIPD in a psychiatry inpatient unit of a tertiary hospital. The statistical analysis was performed using SPSS software, version 27.0.

Results: Our sample included 120 inpatient admissions, corresponding to 80 patients. Compared to 2018 and 2019, in 2020 there was an overall reduction of 21.5% in inpatient admissions (n=618, 549 and 458, respectively). The number of admissions for CIPD in 2018, 2019, 2020 and 2021 up to september were, respectively, 29, 32, 10 and 31 (5.2%, 6.1%, 2.2% and 7.2% of respective annual admissions). We found no statistically significant differences regarding sociodemographic and clinical characteristics in patients admitted for CIPD during 2020.

Conclusions: These results suggest a disproportionate reduction of inpatient admissions due to CIPD in 2020, followed by an expressive increase in the number of admissions in 2021 up to september. This might be related to cannabis availability returning to regular levels. However other factors must be considered, such as the delay of treatment due to reduced accessibility to health care.

Disclosure: No significant relationships.

Keywords: Cannabis-induced psychosis; drugs; Cannabis; pandemic

EPV1425

Negative symptoms and social and occupational functioning differentiate systematic paraphrenia from schizophrenia: results from a cross-sectional study

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doi: 10.1192/j.eurpsy.2022.2052

Introduction: Kraepelin's systematic paraphrenia (SP) has been historically used to identify a group of patients in the psychosis-spectrum with good global functioning and reduced impairment in volition and emotions.

Objectives: Cross-sectional study comparing a group of patients with SP with another with schizophrenia (SZ).

Methods: We consecutively recruited SP cases from a single centre. SZ cases were selected to match those in the SP group in terms of age and sex. We diagnosed SP using the Munro Criteria and SZ using ICD-10. We collected standard sociodemographic and clinical data. All patients were under follow-up in a community mental health team at the time of the study. We used PANSS total score (PANSS-

TS) to assess disease severity and its subscales to evaluate positive (PANSS-P) and negative (PANSS-N) symptoms, and general psychopathology (PANSS-GP). We applied SOFAS to assess social and occupational functioning.

Results: We recruited 32 patients, 16 with a diagnosis of SP and 16 with a diagnosis of SZ. The two groups did not differ in terms of sociodemographic data. SP cases showed lower values for PANSS-TS (SP: mean=51.63±12.49; SZ=77.76±14.12; p<0.001), PANSS-NS (SP: mean=15.50±5.97; SZ: mean=26.06±5.39; p<0.001), and PANSS-GP (SP: mean=24.31±5.51; SZ: mean=37.13±5.62; p<0.001). Groups did not differ in terms of positive symptoms. SOFAS scores were significantly higher in SP (SP: median=68, interquartile range (IQR)=19; SZ: median=41, IQR=24; p<0.01). PANSS-NS negatively correlated with SOFAS only in the SP group (r=-0.716; p=0.002).

Conclusions: SP differs from SZ in negative symptoms and social and occupational functioning. These findings suggest clinical features can differentiate SP from SZ.

Disclosure: No significant relationships.

Keywords: paraphrenia; schizophrénia; negative symptoms; Psychosis

EPV1426

Folie à deux: contagious mental illness? Report of a clinical case

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doi: 10.1192/j.eurpsy.2022.2053

Introduction: Folie à deux is a clinical condition that was first described in 19th century. It is a psychotic disorder in which two closely associated individuals share a similar delusional system. However, folie à deux is still a matter of study and debate today as it remains a challenge for psychiatrists.

Objectives: The aim of this article is to report a clinical case of folie à deux, between na inducer son and an induced mother. Review the nosological significance of folie à deux and to explore the disorder among patients with psychosis.

Methods: Search in the PubMed/MedLine and Medscape databases with the following key words: folie à deux; shared psychosis; shared delusion.

Results: We presente a case of folie à deux between na inducer son 28 years old and the induced, his mother. They were found to be sharing similiar delusional beliefs. The patient has assumed the role of "man of the house" since his father's death.

Conclusions: Many years after it was first described, folie à deux is still an interesting and challenging disorder to psychiatrists. Its recognition and correct referral for a rare diagnosis, such as folie à deux, are extremely important.

Disclosure: No significant relationships.

Keywords: Induced delusional disorder; shared psychosis; folie à deux; Shared delusion