

remission reach functional remission. While current pharmacotherapy options seem to be relatively effective for different symptoms of schizophrenia (e.g. positive symptoms), more specific psychosocial interventions that could enable functional remission are yet to be developed.

Objectives: Our objective is to investigate differences in psychopathology, quality of life, functioning, and achieving functional remission before and after specific group treatments developed in our clinic.

Methods: We will conduct a prospective study including a consecutive cohort of female patients older than 18 years of age, which fulfilled the criteria for schizophrenia and schizoaffective disorder according to the International Classification of Disorders, 10th revision. Exclusion criteria are intellectual disabilities, mental disorders due to known physiological or neurological conditions, lactation or pregnancy, treatment with medications that can provoke psychosis, alcoholism, and other addictions. Patients will be recruited after finished hospital treatment or during individual outpatient controls. The Recovery Helm will be used at the beginning of the treatment, to make individual treatment plan and include patients in specific programs including day hospital treatment and/or outpatient group programs: psychoeducation, relaxation, metacognitive training, and social skills training. Besides collecting sociodemographic data, pre- and post-treatment assessment will include the Positive and Negative Syndrome Scale (PANSS), the Global Assessment of Functioning (GAF), the Quality of Life Scale (QLS), and the "Functional Remission of General Schizophrenia" (FROGS) scale.

Results: We will analyze the changes in psychopathology levels, quality of life, functioning, and achieving functional remission between the two assessment points, taking into account different treatment possibilities.

Conclusions: Evaluation of current available programs can help with recognition of specific needs of patients with schizophrenia and provide guidelines for further development of treatment programs that could be helpful in achieving functional remission.

Disclosure of Interest: None Declared

EPV0915

Treatment resistant FEP (first episode of psychosis) with neuroanatomical findings

K. Papageorgiou, I. Retsou, E. Papadopoulou and D. Antoniadis*
Psychiatric Hospital of Thessaloniki, Thessaloniki, Greece

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1514

Introduction: Presentation of the first psychotic episode of a young man and the investigation of the efficacy of treatment with olanzapine and after cariprazine.

Objectives: Assessing the response to treatment of cariprazine in a psychotic patient with relevant neuroanatomical findings.

Methods: A 25-year old man was admitted to the psychiatric intensive care due to his aggressive behavior and verbal abuse, threatening to kill them both. His medical history included long periods of negatively affected mood, social isolation and talking to himself according to his family

Results: When the patient was admitted he was very anxious, alert and extremely aggressive. During the interview he admitted auditory and visual hallucinations alongside delusional ideation with a particular aggression towards his father.

Upon admission his PANSS score was 121. positive scale score was 23.

The patient was treated initially with monotherapy olanzapine, gradually increased up to 20mg OD. Olanzapine caused asymptomatic transaminasemia, a relatively common adverse effect. At this point a change in medication was made and olanzapine was stopped and cariprazine was added gradually increasing its dose from 1,5mg to 6mg OD.

Interestingly the medical investigations (brain CT scan) indicated a calcification in falx cerebri.

After a period of 48 days since admission the patient was clinically improved and was discharged. His PANSS score was 72. Positive scale was 10.

Conclusions: The use of cariprazine as a treatment for a first psychotic episode of a young male improved his PANSS score after a 22-day treatment. According to the literature neuroanatomical findings have been associated with poor prognosis regarding the course of the illness. There needs to be further investigation on the efficacy of the long term treatment for this patient.

Disclosure of Interest: None Declared

EPV0916

Acute Stress Induced Catatonic Psychosis in an Adolescent: A Case Report

E. Yerlikaya Oral

Department of Child and Adolescent Psychiatry, University of Health Sciences, Bakirkoy Prof. Dr. Mazhar Osman Research and Training Hospital for Psychiatry, Neurology and Neurosurgery, Istanbul, Türkiye

doi: 10.1192/j.eurpsy.2024.1515

Introduction: Childhood maltreatment(CM) can precipitate a range of psychiatric disorders in individuals. Some research show that CM rates are as high as 85% in schizophrenia spectrum disorders (Larsson *et al.* 2013). This case report explores an instance of acute catatonic psychosis in an adolescent following a significant episode of physical and emotional abuse.

Objectives: The aim is to elucidate the clinical presentation, diagnosis, and treatment of trauma-induced acute catatonic psychosis in an adolescent. The report seeks to emphasize the potential link between acute trauma and severe psychiatric disorders in young individuals.

Methods: A thorough review of the patient's clinical records was undertaken, focusing on psychiatric history, symptoms, treatment trials and responses. In parallel, an extensive literature review was conducted to understand the current knowledge on the association between acute traumatic stress and acute psychosis with catatonia.

Results: The patient, a 16-year-old female, presented with severe symptoms of catatonia and psychosis including mutism, posturing, stupor, negativism, auditory hallucinations and persecutory delusions, in addition; eating refusal, urinary and fecal incontinence. Symptoms started immediately following physical and emotional