

EPV0952

Schizophreniform disorder. Clinical manifestations and diagnosis. Purposely a case

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Introduction: Schizophreniform Disorder is described pretty similar to schizophrenia, but with the difference of the symptoms duration which have to last for at least 1 month but less than 6 months. Patients have to be back at their baseline functional level once the disorder has resolved. This is a heterogeneous group of patients who have either a disorder similar to schizophrenia or something closer to a mood disorder.

Objectives: To analyze clinical, psychopathological and epidemiological characteristics of schizophreniform disorder and also review causes, incidence, prevalence, diagnostic, therapeutic tools and the importance of maintaining the treatment, because of the abandonment of the treatment, which is a predictor of relapses.

Methods: A review of the main impact literature concerning schizophreniform disorder is done during the last five years: prevalence, incidence, pathogenesis and its relationship with other psychiatric disorders encoded in DSM-V are studied.

Results: The etiology is unknown. Psychotic symptoms can be treated with antipsychotics for 3 to 6 months. They usually respond faster than patients with schizophrenia (75% vs 20% respond within 8 days).

Conclusions: The disease has a favorable prognosis, and has similarities with mood disorders. However, some data suggest a close relationship to schizophrenia. In support of the relationship with mood disorders, patients have more affective symptoms and a better outcome than patients with schizophrenia.

Disclosure of Interest: None Declared

EPV0953

'De Novo' Psychosis following anterior temporal lobectomy: A case report

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Introduction: Surgical treatments for people living with epilepsy have the potential to provide patients with an opportunity to achieve relief from seizures, thus improving their quality of life, but they are not free of complications. The psychiatric consequences are a significant concern because of the potential risks; however, psychotic illnesses have not received adequate research compared to anxiety and depression.

Objectives: To better identify the psychiatric side effects that can develop following epilepsy surgery, especially psychosis, and to take preventive measures to mitigate its occurrence.

Methods: Presentation of a patient's case and reviewing existing literature regarding de novo psychosis following epileptic surgery.

Results: The case of interest is a 31-year-old male patient who, or his relatives, has had no history of psychiatric disorders. From age 21, the patient had focal to bilateral seizures, which were preceded by olfactory auras and could occur up to 4-5 times a week and was then diagnosed with epilepsy. In June 2021, the patient underwent a right anterior temporal lobectomy for his medically resistant seizures after a presurgical evaluation and had a notable decrease in the number of seizures, occurring only during periods of sleep every six months. In the fourth month following the operation, the patient began experiencing auditory hallucinations characterized by negative and judgmental voices. After that, he engaged in an aggressive act by holding a knife and assaulting another person in a public area. He was admitted to an inpatient psychiatry service for 12 days with a diagnosis of a psychotic episode. His symptoms significantly improved, and he was discharged with paliperidone 6 mg/daily treatment. After five months, he discontinued the medication, subsequently experiencing a recurrence of auditory hallucinations and aggression. The patient was admitted to the inpatient psychiatric clinic in June 2022 as a result of experiencing paranoid delusions and engaging in a suicide attempt by self-inflicted wrist laceration using a razor blade, which was consistent with the patient's delusional beliefs. Following 13 days of hospitalization, he was discharged with amisulpride 800 mg/daily in addition to his antiepileptic treatment. After 15 months of discharge, he showed no signs of active psychotic features, and his functioning was moderate to good.

Conclusions: Current research and reporting of psychiatric outcomes are limited, and the predictive factors and prognosis of psychiatric symptoms in these patients remain obscure. Long-term follow-up is crucial, especially considering the possibility of psychiatric symptoms developing in the months following surgery, as demonstrated by the current case. In addition, preoperative and postoperative assessments may facilitate the management of psychiatric symptoms.

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EPV0954

Menstrual Psychosis with Premenstrual Onset: A case presentation

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Introduction: Menstrual psychosis has an acute onset and is characterised by confusion, stupor and mutism, delusions, hallucinations, or a manic syndrome lasting for a brief duration, with full recovery. These symptoms maintain periodicity in rhythm with the menstrual cycle. The symptoms may appear in the premenstrual phase or may begin with the onset of menstrual flow (catamenial

psychoses). Usually, menstrual psychosis has a polymorphism of both psychotic and affective symptoms (Brockington I. Menstrual psychosis. *World Psychiatry*. 2005;4(1):9-17.). In this article we present a case of menstrual psychosis with premenstrual onset.

Objectives: A 26 years old, nulliparous single female with one mentally ill relative on her mother's side (her grandmother) presented with an episodic illness characterized by mood swings, irrelevant speech, irritability, suspiciousness and thought disorder related to her menstrual cycles. She had earlier suffered prolonged attacks of mania, developed a recurrent episodic illness which returned every month for five years. Her menses began at 15. She presented with the history of a few episodes of manic illness starting five days before and ending suddenly with the onset of the menses.

Methods: On mental status evaluation during the index episode, the patient was agitated, had labile affect, grandiose and referential delusions and erotomania. A detailed physical examination, routine biochemistry, and gonadal hormonal assay were unremarkable.

Results: She was started on olanzapine 10 mg/day, lithium 1200 mg/day and low-dose clonazepam. Although the severity of the psychotic and affective symptoms gradually reduced during the future menstrual cycles, they did not completely resolve.

Conclusions: The pathophysiology of menstrual psychosis is not exactly understood, but it has been postulated that fluctuation of the sex hormones occurring during the menstrual cycle is responsible. Previous studies have reported the association of psychosis with estrogen withdrawal (Mahé V, Dumaine A. Oestrogen withdrawal associated psychoses. *Acta Psychiatr Scand*. 2001;104(5):323-331.). Treatment strategies for menstrual psychosis include the use of oral contraceptive pills for the regulation of hormones during the menstrual cycle, in our case patient did not want to use oral contraceptive pills.

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EPV0955

From childhood trauma to psychosis: Investigating the attachment link

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Introduction: Childhood trauma encompasses instances of sexual, physical, and emotional abuse, along with neglect experienced during childhood and adolescence. Individuals with psychosis, particularly those with schizophrenia, exhibit a heightened prevalence of childhood trauma. One potential mediator in understanding this connection is insecure attachment.

Objectives: This study aimed to better understand how childhood trauma relates to schizophrenia by examining two aspects of attachment: attachment anxiety and attachment avoidance.

Methods: We conducted a descriptive and analytical cross-sectional study among stabilized female patients with schizophrenia or schizoaffective disorder, in the 'B' psychiatry department at Hedi Chaker University Hospital in Sfax, Tunisia, from May to June 2023. We administered the 26-item Revised Psychosis Attachment

Measure (PAM_R) questionnaire, translated into Arabic, to assess attachment. Additionally, participants completed the 28-item Childhood Trauma Questionnaire (CTQ). We used both the Wilcoxon test for paired samples and the Spearman correlation test to assess the statistical differences and correlations.

Results: We included 41 female patients, of which 65.9% had schizophrenia and 34.2% had schizoaffective disorder. The average age of the participants was 49.19 years. Among the attachment styles, avoidant attachment was the most prevalent (60.97%), followed by anxious attachment (24.39%), and disorganized attachment (14.63%). Regarding childhood trauma, the average total score on the Childhood Trauma Questionnaire (CTQ) was 56.34. Specifically, 39% of patients reported experiencing physical abuse, 24.4% reported sexual abuse, 14.6% reported emotional abuse, and 4.9% reported physical neglect. The Spearman correlation analysis between avoidant attachment and scores on the Childhood Trauma Questionnaire (CTQ) yielded a diverse set of findings. It indicated a significant positive correlation with physical abuse ($\rho = 0.004$, $p < 0.001$), a significant negative correlation with emotional abuse ($\rho = -0.045$, $p < 0.001$), a significant positive correlation with sexual abuse ($\rho = 0.036$, $p < 0.001$), a significant negative correlation with physical neglect ($\rho = -0.083$, $p < 0.001$), a significant negative correlation with emotional neglect ($\rho = -0.047$, $p < 0.001$), and a significant positive correlation with denial ($\rho = 0.080$, $p < 0.001$). On the other hand, the Spearman correlation analysis between anxious attachment and scores on the CTQ showed varying correlations: a significant positive correlation with physical abuse ($\rho = 0.094$, $p < 0.001$) and sexual abuse ($\rho < 0.0001$, $p = 0.05$).

Conclusions: Our findings indicate that individuals with an insecure attachment style and a history of childhood trauma should be considered a high-risk group, necessitating early clinical intervention, continuous monitoring, and personalized therapeutic approaches designed to alleviate the psychological effects of trauma.

Disclosure of Interest: None Declared

EPV0956

Attachment styles in Tunisian women with schizophrenia

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Introduction: Attachment refers to the emotional bond between a child and their primary caregiver, reflecting the child's confidence in the caregiver's capacity to offer security. Evaluating attachment styles in individuals with schizophrenia spectrum disorders holds significance in pinpointing a potential factor affecting therapeutic relationships. This, in turn, indirectly aids in comprehending the emergence of low adherence as a significant barrier to schizophrenia

Objectives: The goal of this study is to assess attachment styles in women with schizophrenia spectrum disorders.