

EPP0368

Psychopathology of schizophrenia in the context of the superior longitudinal fascicle integrity – a DTI study.

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Introduction: Schizophrenia is a chronic mental illness with unclear etiology. It is characterized by symptoms in various psychopathological domains (e.g. positive, negative). One of the concepts explaining the etiology of schizophrenia is the disconnection hypothesis. It assumes the existence of structural and functional disorders within the connections of brain regions. White matter is largely responsible for the quality of these connections. One of the important structures of white matter is the superior longitudinal fascicle (SLF) which connects many cortical structures.

Objectives: The main aim of our study was to search for a relationship between the integrity of SLF and various psychopathological dimensions among schizophrenia patients.

Methods: 42 schizophrenia subjects (SS) and 32 healthy controls (HC) participated in the study. All study participants underwent DTI-MRI analysis. The psychopathology of SS was assessed using the Positive and Negative Syndrome Scale (PANSS). In the study, we used the PANSS dimensions proposed by Shafer. Then, the SLF analysis was performed using fractional anisotropy (FA) and mean diffusivity (MD) parameters.

Results: The differences in FA and MD values in SLF bilaterally between groups were confirmed. A correlation was found between MD values in left SLF and positive symptoms ($p = 0.040$) and excitement ($p = 0.012$). A correlation was found between the MD values in the right SLF and the symptoms of disorganization ($p < 0.000$) and excitement ($p = 0.004$).

Conclusions: SLF seems to play a role in the etiopathogenesis of schizophrenia. Disturbed SLF integrity may be involved in the development of positive, disorganization and excitement symptoms.

Disclosure: No significant relationships.

Keywords: DTI; Neuroimaging; Psychopathology; schizophrenia

EPP0369

First case of new-onset psychosis due to DBS in the ventralis intermediate nucleus (Vim) of the thalamus.

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Introduction: Known risk factors for developing of first-time psychosis in patients with deep brain stimulator (DBS) include older age, short time after implant placement and cerebral target

for stimulation. In particular, stimulation of subthalamic nucleus and globus pallidus internus has been shown to elicit psychotic symptoms in various case reports. To date, there are no cases describing onset of psychosis due to DBS in the ventralis intermediate nucleus (Vim) of the thalamus.

Objectives: Case description of psychotic episode provoked by DBS in Vim region

Methods: Case report of 70 y.o. female with unilateral DBS from 2012 in Vim for essential tremor, who developed therapy resistant psychotic symptoms right after adjusted settings of the DBS.

Results: Psychotic onset of otherwise healthy 70 y.o. patient occurred and gradually worsened after adjustment of DBS settings in absence of other iatrogenic factors, including medication and comorbidity, and required involuntary hospitalization one week after beginning of psychosis. Treatment after hospitalization comprised olanzapine 10 mg. 1dd1 did not cause resolution of psychosis. Because of therapy resistance to psychopharmacology and worsening of psychotic symptoms, by way of exception neurologists had to change the settings back to basic leading to complete and sustained remission of psychosis within two days.

Conclusions: Among side effects of DBS in Vim, psychotic symptoms have never been reported. However, as in our patient, psychosis occurred after changes of settings in DBS and presented acutely, was severe, resulted in involuntary hospitalization and was therapy resistant. Pathophysiology of DBS-induced psychosis in Vim region is not known and requires further investigation.

Disclosure: No significant relationships.

Keywords: Psychosis; Treatment; DBS; Therapy resistance

EPP0370

Bariatric surgery as a treatment for refractory obesity in patients with schizophrenia. Weight-loss outcomes and safety in 36 months follow-up.

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Introduction: Obesity has increased worldwide and concerns comorbidity in patients with schizophrenia, and is linked to a high mortality rate in this group. Although bariatric surgery is the gold standard treatment for refractory obesity, it rarely is indicated for subjects with schizophrenia due to psychotic symptoms recurrence.

Objectives: Report weight-loss outcome and psychopathology changes over 36 months follow-up of 5 patients with schizophrenia submitted to bariatric surgery.

Methods: Patients have been followed for 36 months. Clinical and anthropometric assessments such as percentage of excess weight loss (EWL) and body mass index (BMI) have been performed at 6, 12, 24, and 36 months follow-up. The Positive and Negative Syndrome Scale (PANSS) was used to assess psychopathology status. Wilcoxon test was used to assess statistical differences.