

## EPV1122

### Specifics of Kandinsky–Clérambault syndrome with religious delusion of possession in schizophrenia

E. Gedeveni<sup>1\*</sup>, G. Kopeiko<sup>2</sup>, O. Borisova<sup>2</sup> and U. Popovich<sup>3</sup>

<sup>1</sup>FSBSI «Mental Health Research Centre», Researching Group Of Specific Forms Of Mental Disorders, Moscow, Russian Federation;

<sup>2</sup>FSBSI Mental Health Research Center, Researching Group Of Specific Forms Of Mental Disorders, Moscow, Russian Federation and <sup>3</sup>Mental Health Research Center, Adolescent Psychiatry, Moscow, Russian Federation

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1812

**Introduction:** Kandinsky–Clérambault syndrome with religious delusion of possession (KSRDP) in schizophrenia is insufficiently explored phenomenon. The syndrome characterized by significant severity of clinical state, high social risks and resistance to psychopharmacotherapy and requires the close attention.

**Objectives:** To analyze psychopathological specifics of KSRDP and to identify the prognosis, dynamics of schizophrenia with KSRDP.

**Methods:** Thirty four patients (18 women; 16 men; the average age  $28 \pm 9,5$  years) with schizophrenia (F20.0, F20.01, F20.02 according to ICD-10) were examined by psychopathological, psychometrical and statistical methods

**Results:** The specifics of the syndrome is delusional belief in possession by demonic or divine ‘*spiritual being*’, invaded within the body. This possession is interpreted by patients as the totality of mind, body and soul control; and in several cases – as the appearance of a new identity. According to the “classical” Kandinsky–Clérambault syndrome, KSRDP accompanied by extensive psychic automatisms (ideational, cenestopathic, kinaesthetic), haptic and olfactory pseudo-hallucinations. Furthermore the specific hallucinations for KSRDP (*Hallucinationen der Gemeingefühlsempfindung* by von Krafft-Ebing, R.) are observed, which based on sensory-spatial imaginary sensations, with a clear localization in the field of a visceral sensitivity (as a material object with a certain shape, consistency, size, and weight).

**Conclusions:** In contrast with “classical” paranoid syndrome of Kandinsky–Clérambault when negative effect is usually perceived by patients as external influence, KSRDP is characterized by delusional idea of ‘spiritual being’s invasion inside the body, mind and soul to control the whole human’s existence. Patients with KSRDP require specific treatment and management due to the religious content of delusion.

**Disclosure:** No significant relationships.

**Keywords:** Kandinsky–Clérambault syndrome; schizophrénia; religious delusion; delusion of possession

## EPV1121

### Capgras and Fregoli delusions - a case report

M. Viseu\*, F. Tavares and M. Barbosa Pinto

University Hospital Center of Algarve, Portugal, Department Of Psychiatry And Mental Health – Faro, Faro, Portugal

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1813

**Introduction:** Capgras and Fregoli delusions are psychotic complex conditions that integrate a larger group of Delusional

Misidentification Syndromes (DMS), where the patient misidentifies people, places or objects.

**Objectives:** Review of the literature and exposure of a case report of a first psychotic episode with DMS.

**Methods:** Case report and a nonsystematic review through databases. With the keywords: Capgras; Fregoli; DMS.

**Results:** This case presents a caucasian male, 34-year-old, with no personal or family history of psychiatric pathology. He was taken to the emergency service, due to behavior disorder with verbal aggressiveness to his mother. During the psychiatric emergency he was restless, with accelerated speech and presented Capgras and Fregoli delusion. He believed that his mother had been replaced by an imposter and that the doctor was actually his childhood friend disguised, all with the intention of harming him. The patient was hospitalized, analytical and brain scan show no abnormally. Improvement in symptoms was been seen when a long-term injectable antipsychotic was started. The diagnosis was Bipolar type I disorder.

**Conclusions:** DSM are more frequent than previously considered, they often occur in association with psychiatric or neurological disorders. Case reports like this one helps to clarify the association between DMS and psychiatric disorders. Given the high incidence of DMS, it is essential to recognize them, carry out an early treatment and be alert to other psychopathological or neurological symptoms that may coexist.

**Disclosure:** No significant relationships.

**Keywords:** Delusional Misidentification Syndromes; Capgras delusion; Fregoli delusion

## EPV1122

### Early Maladaptive Schemas among call center staff in the Rabat Sale Kenitra region, Morocco

E. Drissi<sup>1\*</sup>, S. Boulbaroud<sup>2</sup>, H. Hami<sup>1</sup>, A.O.T. Ahami<sup>1</sup> and F.Z. Azzaoui<sup>1</sup>

<sup>1</sup>UIT, Biology, Kenitra, Morocco and <sup>2</sup>Sultan Moulay Sliman University, Bioogy, benimellal, Morocco

\*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1814

**Introduction:** It is important to know the prevalence of the Early Maladaptive Schemas (EMS) in such population.

**Objectives:** The study of Early Maladaptive Schemas among call center staff in the Rabat Sale Kenitra region and possible socio-economics factors that may influence them.

**Methods:** The study involved 121 call center’s employees in the Rabat Sale Kenitra region. They responded to an informative questionnaire and to the SPI 26, with 26 items, including 13 early maladaptive schemas.

**Results:** 121 subjects were interviewed, 48.78% (n=59) men and 51.24% (n=62) women, a minimum age of 22 years, a maximum age of 60 years and an average of 31.74 7.93. Through the examination of the EMS’s results in adulthood, we note a decreasing ranking of active shemas according to the rate of participants: the EMS Unrelenting standards is active in 80.02% of our sample, the EMS Mistrust in 61,2%, the EMS Insufficient self-control in 47.9%, the EMS Abandonment in 47.1%, the EMS Insufficient self-control in 41.3%, the EMS Emotional inhibition in 38.8%, the EMS Vulnerability to harm or illness in 33.1%, the EMS Dependence in 31.4%, the EMS Self-sacrifice in 27,3%, the EMS Social Isolation in