

Objectives: To review the different kinds of psychotic disorders that may arise in relation to epilepsy.

Methods: Literature review of scientific papers and classic textbooks on the issue, including references in both Spanish and English languages.

Results: From 2008 to 2011 our patient was hospitalized with episodes of different clinical features leading to different diagnoses (in 2008 the episode was compatible with a manic phase and led to a diagnosis of possible Bipolar Disorder, in 2010 dissociative-like symptoms became more prominent and led to a diagnose of Dissociative Identity Disorder and in 2011 the symptoms pointed to an interictal depression), and a subsequent symptomatology that made clinicians consider a diagnose of unspecified schizophrenia. From 2015 to 2020 our patient suffered multiple decompensations resulting in up to six new hospitalizations, with psychotic symptoms in the shape of auditive hallucinations being consistent and affective symptoms varying widely. This evolution suggests a plausible diagnose of interictal chronic psychosis with bipolar-like affective episodes.

Conclusions: An extensive review of the available scientific literature shows, as so does this case, that along the course of an epileptic disease both schizophrenia-like psychosis and affective psychosis may arise, and that those might be divided along the categories of peri ictal and inter ictal disorders.

Disclosure: No significant relationships.

Keywords: psychosis; epilepsy; schizophrenia; bipolar

EPV0652

Investigation of early signs of peripheral artery disease in patients with schizophrenia using toe-brachial index

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Introduction: Patients with schizophrenia have a reduced life expectancy compared to the general population, and cardiovascular diseases contribute to this. Peripheral arterial disease (PAD) is associated with excess all-cause mortality and specifically with cardiovascular morbidity and mortality. The risk factors for PAD, such as diabetes, smoking, hypertension, dyslipidaemia and obesity, are more common among patients with schizophrenia which could contribute to a possibly higher prevalence of PAD among patients with schizophrenia.

Objectives: To investigate PAD utilizing toe brachial index (TBI) in a population of patients diagnosed with schizophrenia with the purpose of establishing prevalence rates amongst newly diagnosed as well as more chronic patients.

Methods: A cross-sectional study of patients with schizophrenia (ICD10-diagnosis F20 or F25) with a study population of 57 patients diagnosed with schizophrenia within the last 2 years, psychiatric healthy controls matched by age, sex and smoking status and 142 patients with a schizophrenia diagnosis more than 10 years ago. The primary outcome is TBI in patients with

schizophrenia stratified to the two subpopulations. The TBI will be calculated from the arm and toe systolic pressures. The toe pressures were measured using photoplethysmography (SysToe®, Atys Medical).

Results: No results are available yet. The cohort will be described by age, sex, smoking status, body fat percentage and physical comorbidities. The TBI of the two subpopulations will be compared with psychiatrically healthy controls using paired t-tests if data is normally distributed. If transformation is unsuitable, Wilcoxon test will be carried out instead.

Conclusions: No results are available yet. Results will be presented at the EPA's congress 2021.

Disclosure: No significant relationships.

Keywords: toe-brachial index; Mortality; atherosclerosis; Cardiology

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Historical path of paraphrenia

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Introduction: Paraphrenia is a psychotic disorder characterized by an insidious development of a vivid and exuberant delusional system, accompanied by hallucinations and confabulations, without a personality deterioration. It is considered to be an intermediate entity between the disorganization of schizophrenia and the systematization of a delusional disorder.

Objectives: Develop knowledge about paraphrenia as an individualized diagnostic entity and its historical path through the classical authors' texts.

Methods: Extensive research on the historical path of the paraphrenia diagnostic entity was carried out, as well as the current situation of the term.

Results: In the German psychiatry it was Karl Kahlbaum who first introduced the term of paraphrenia. Later many authors of the German psychiatry delved into this diagnostic entity. Emil Kraepelin described four different subtypes of paraphrenia: paraphrenia systematica, expansiva, confabulans and phantastica. However, other authors such as Kleist or Bleuler, considered paraphrenia should not be judge as an individualized diagnostic entity as it should be considered inside schizophrenia, so the term disappeared in the German psychiatry. In the French psychiatry, unlike the German, the independence of chronic psychosis from schizophrenias was recognized, so the term had a longer path. Henry Ey recognized four important clinical features in this disorder: paralogical thought dominance, megalomania, confabulation and integrity of relation with reality.

Conclusions: Currently the term paraphrenia is no longer considered an individualized diagnostic entity. In fact, in today's textbooks of psychiatry paraphrenia is considered a psychotic disorder that has nothing in common with the one described by the classical authors, and it is part of the late-onset psychosis.

Disclosure: No significant relationships.

Keyword: Paraphrenia