Objectives: Presentation of a case that clearly defines the classic term paraphrenia, which is now a days lost in new classifications.
Methods: We carried out a literature review of the term paraphrenia and presented a real case of a patient interned in our psychiatric ward.
Results: A 55-year-old woman, was without treatment or attendance to her psychiatrist for years, admitted to the hospital due to public disturbance. Even the lack of treatment did not repercuss greatly emotionally or behaviorally. During our interviews, she showed an expansive discourse rich in delirious content, as well as thought transmission and reading, auditive hallucinations and corporal influence. As we can see, this case exposes what would have classical been classified as a case of paraphrenia, nowadays we cannot find a better term to name this group of symptoms with the current classifications.
Conclusions: We can conclude that paraphrenia is halfway between schizophrenic disorganization and paranoic structuring. The personal deterioration is significantly lower than in schizophrenia and the expression of delirium differs from paranoia. Even though actual classifications provide simplicity and pragmatism, we risk losing the semiological and phenomenological richness of classic terminology.

Disclosure: No significant relationships.
Keywords: Paraphrenia; Chronic delusion; Classic termionolgy; Expansive discourse

EPV1399

The association between area-level residential instability and gray matter volume changes

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Introduction: Area-level residential instability (ARI), an index of social fragmentation, has been shown to explain the association between urbanicity and psychosis. Urban upbringing has been shown to be associated with decreased gray matter volumes (GMV)s of brain regions corresponding to the right caudal middle frontal gyrus (CMFG) and rostral anterior cingulate cortex (rACC).
Objectives: We hypothesize that greater ARI will be associated with reduced right posterior CMFG and rACC GMVs.
Methods: Data were collected at baseline as part of the North American Prodrome Longitudinal Study. Counties where participants resided during childhood were geographically coded using the US Censuses to area-level factors. ARI was defined as the percentage of residents living in a different house five years ago. Generalized linear mixed models tested associations between ARI and GMVs.
Results: This study included 29 HC and 64 CHR-P individuals who were aged 12 to 24 years, had remained in their baseline residential area, and had magnetic resonance imaging scans. ARI was associated with reduced right CMFG (adjusted β = -0.258; 95% CI = -0.502 – -0.015) and right rACC volumes (adjusted β = -0.318; 95% CI = -0.612 – -0.023). The interaction terms (ARI X diagnostic group) in the prediction of both brain regions were not significant, indicating that the relationships between ARI and regional brain volumes held for both CHR-P and HCs.
Conclusions: Like urban upbringing, ARI may be an important social environmental characteristic that adversely impacts brain regions related to schizophrenia.

Disclosure: No significant relationships.
Keywords: clinical high risk for psychosis; grey matter volume; residential instability; area-level factors

EPV1401

A case report of inhibition and severe desnutrition: negative symptoms in resistant schizophrenia

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Introduction: The appearance of inhibitory symptoms encompassed in what are known as negative symptoms is part of the usual symptoms of schizophrenia. Sometimes this inhibition reaches a significant severity, so it is essential to know its approach.
Objectives: Case report and literature review regarding the treatment of resistant schizophrenia with a predominance of negative symptoms
Methods: We present the clinical case of a 28-year-old man diagnosed with schizophrenia at 23 years old, whose onset was characterized by delusional ideas of harm (poisoning) and delusions with a mystic-religious theme that lead him to reduce his intake until requiring a first admission for severe desnutrition. Subsequently, after two more admissions, the patient presents selective reduction in food intake, decrease in daily activity and apathy without positive symptoms.
Results: Throughout the treatment, several lines of antipsychotic treatments have been tried at the maximum tolerated dose (haloperidol, oral paliperidone and depot, aripiprazole and clozapine up to a dose of 600 mg). Clozapine resistance required testing various augmentation strategies (Venlafaxine, Lamotrigine and Electroconvulsive therapy) with low results. Finally, to complement the treatment, the patient was transferred to a mid-stay unit where psychosocial treatment with a multidisciplinary approach was started. This has allowed more continuous follow-up and thus a partial improvement of the clinic.
Conclusions: Numerous studies describe numerous augmentation strategies for clozapine-resistant schizophrenia with negative symptoms. However, the results are still inconclusive, needing