patients andrelatives. We asked relatives to respond by "yes/no/I am not certain" to the questionnaireincluding items dealing with symptoms and optimal cures forschizophrenia.
Results: The mean age of the relatives was 60.8 years; 71.9% were parents; 37.5% were illiterate; 46.9% reported having another family member with a mental disorder (MD) and 15.5% of relatives were able to label the term "schizophrenia". Nine participants (28%) believed that the patient makes shame to the family's member and 72% of them was convinced that patient is dangerous.The majority of participants (90.6%) provedthe need for drugs and 65.6% attested the utility of psychotherapies.However, they believed innon-medical practices such as reading Holy Koran verses (87.5%), charity and exorcism (62.5%). Family history of MD was correlated to traditional practices (p=0.038). The belief that patient is dangerous and that he makes shame were associated with advanced age of relatives (p=0.000 and 0.037 respectively). Significant correlationwas found betweennon medical practices and erratic follow-up (p=0.043).
Conclusions: This study points outthe need to improve the psychoeducation of family members of persons with schizophrenia.

Keywords: families' beliefs; schizophrénia

EPP1167

Beliefs about schizophrenia's causes among family members

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Introduction: Investigating family members' causal beliefs regarding schizophrenia is an important step in the management of the illness; it may affect adherence to treatment of patients with schizophrenia.
Objectives: To investigate the beliefs about the causes of schizophrenia among families of patients with schizophrenia.
Methods: We led a cross sectional descriptive study involving 32family members of patients suffering from schizophrenia who were followed in the psychiatry department of Hedi Chaker University Hospital in Sfax (Tunisia), between May to September 2019. Data was collected from the medical records and the questionnaire designed to the study.
Results: The mean age of the relatives was 60.8 years, with a sex-ratio of 1.6. The relatives included 20 fathers (62.5%), six wives (18.8%), three mothers (9.4%), and three sisters (9.4%). Among them, 37.5 % were illiterate; 37.5% lived in rural area. Fourteen participants (43.8%) had cited at least two possible causes of schizophrenia. The most frequently cited causes were emotional shock (81%) and god's will or fate (72%) followed by witchcraft (37.7%). The belief of God's will and fate was associated with poor compliance to treatment (p=0.06). The belief of supernatural cause was correlated to rural origin (p=0.000) and advanced age of participants (p=0.000).Significant correlation was also found between family history of mental disorders and beliefs on hereditary causes (p=0.000).
Conclusions: These results suggest that family members of patients suffering from schizophrenia need to be better informed about its main causes to improve both compliance to treatment and social integration of this patients.

Keywords: schizophrenia's causes; family members

EPP1169

Therapeutic implications of structural and functional neuroimaging findings in delusional disorder: A case report and review of literature.

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Introduction: Several neuroimaging studies on psychosis spectrum have been published in the last decades, most of them based on schizophrenia. In the context of neuroanatomical dysfunctions, clinical and prognosis implications have been reported. Nevertheless, only a few studies have been focused on delusional disorder (DD).
Objectives: To present the case of a patient diagnosed with DD who suffered from two cerebrovascular events after the onset of the psychiatric disease. Our aim is to elucidate potential implications of those lesions on the course of DD. We also reviewed the literature to assess evidence for specific changes in DD on brain structures and functions.
Methods: Case report and non-systematic narrative review in PubMed (2000-2020).
Results: Case report: A 66-year-old female with DD presenting, during the course of the disease, general atrophy and consecutive ischemic lesions on parietal, occipital and cerebellar areas. Clinical stabilization was achieved 12-16 months after risperidone 1.5mg/day treatment. Review: 19 studies were included: Structural brain data (n=15), Functional data (n=13). Most of the structural neuroimaging studies reported white and gray matter abnormalities, particularly in temporal, parietal and frontal lobes, and in limbic structures. Functional neuroimaging studies pointed to temporal and parietal lobes, as well as basal ganglia and limbic related structures.
Conclusions: Temporal, parietal, frontal, basal ganglia and limbic-related structures, as well as dysfunctions in other specific brain regions, may be implicated in the core symptoms of DD. These findings might be further investigated as potential neuroimaging markers of prognosis, such as partial or delayed response to antipsychotic treatment, as presented in our case.

Keywords: Brain imaging; Delusional disorder; Paranoia; Brain changes