toward his family and the obsessive egodystonic ideation turned into delusional egosyntonic ideation. Over the years, the patient shows intermittent obsessive-compulsive behavior while sustaining schizophrenia symptoms, particularly the negative symptoms.
Conclusions: Despite the controversy associated with the recently proposed new subgroup of schizophrenia, the schizo-obsessive disorder, we believe the patient described fits the diagnosis. Clinicians managing patients of schizophrenia should evaluate the patients thoroughly for presence of comorbid obsessive-compulsive symptoms/disorder and must take the same into account while managing the patients.

Disclosure: No significant relationships.
Keyword: Schizo-Obsessive Disorder

EPV0597

Challenges in schizoaffetive disorder therapeutic – a case report of a patient with hiperprolactinemia

D. Rodrigues*, D. Jeremias, C. Laginhas and A. Sequeira

Psychiatry Department, Ocidental Lisbon Hospital Center, Lisboa, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.2107

Introduction: The only FDA approval therapeutic for schizoaffective disorder is paliperidone. Hiperprolactinemia is one of the most frequent side effects induced by first generation antipsychotics (FGA) or by second generation antipsychotic (SGA), such as risperidone and paliperidone. Prolactin related symptoms (PRS) include amenorrhea, galactorrhea, gynecomastia and fluctuations in psychotic symptoms.
Objectives: To report the case of a patient with schizoaffective disorder difficult to manage due to symptom resistance and PRS, that improved symptomatology when prolactin serum levels were reduced.
Methods: Clinical-demographic data collected by clinical interview and clinical process consultation. Non-systematic literature review, searching "psychosis"; "prolactin"; "antipsychotic"; "schizoaffective disorder" on Pubmed database.
Results: We report the case of 33 years-old female, admitted to our psychiatry inpatient unit for persecutory delusions, loosening of association, auditory hallucinations, and irritability with functional impairment. Symptoms began 13 years before. She was medicated with paliperidone 100mg IM monthly, lithium 800mg daily and clozapine 225mg daily. When admitted she wasn't adhering to oral medication. On physical examination presented some PRS. The serum presented hyperprolactinemia and lithium in non-therapeutic levels. Initially was re-introduced the previous therapeutic without improval. It was made a therapeutic switch to associate aripiprazole 400mg IM monthly and clozapine 225mg daily, and lithium 800mg daily resulting in prolactine normalization and subsequent improval of psychotic symptoms previously presented.
Conclusions: This case reports challenges in management of patients diagnosed with Schizoaffetive Disorder due to therapeutic refractoriness and side effects. PRS can be ruling, therefore impacting therapeutic choices. We propose a possible role of combination of clozapine and aripiprazole in this scenario.

Disclosure: No significant relationships.
Keywords: schizoaffective disorder; prolactin; antipsychotic; psychosis

EPV0598

It's never lupus: A case of atypical psychosis and neuropsychiatric lupus

S. Jesus*, A. Costa, J. Alcafache and P. Garrido

Psiquiatria E Saúde Mental, Centro Hospitalar do Baixo Vouga, Aveiro, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.2108

Introduction: Systemic lupus erythematosus (SLE) is a chronic autoimmune disease involving the production of autoantibodies with consequent involvement of multiple organ systems. Although not an uncommon condition, its pleomorphic neuropsychiatric manifestations imply consideration of SLE as a relevant differential diagnosis. As many as 50% of patients with SLE have neurological involvement throughout their disease course and it is associated with impaired quality of life, high morbidity and mortality rates.
Objectives: Case report study and discussion.
Methods: The authors present a case of a 50-year old woman without previous psychiatric history presenting to the psychiatric department with suicidal ideation in association with psychotic symptoms of rapid onset. She presented with various somatic symptoms including butterfly rash, alopecia, nail dystrophy and generalized myalgia and arthralgia. After conducting a thorough clinical investigation with subsequent unveiling of various alterations including those in the antibody panels and abnormal magnetic resonance imaging results, a diagnosis of neuropsychiatric lupus was established.
Results: Improvements in initial psychiatric symptoms were noted after completing pulse corticoid therapy for SLE with adjunct antipsychotic medication. On follow-up, the patient demonstrated a complete return to previous mental functioning with no reported relapses.
Conclusions: This case demonstrates the heterogeneous presentations that neuropsychiatric lupus can assume. The vast array of psychopathological signs and symptoms in SLE continue to exist as a significant diagnostic and therapeutic challenge. Timely identification resulting from a proactive approach in maintaining lupus as part of our differentials may prevent the significant morbidity and mortality commonly associated with the resultant central nervous system involvement in SLE.

Disclosure: No significant relationships.
Keywords: Systemic Lupus Erythematosus; Neuropsychiatric Lupus; psychosis

EPV0599

Schizophrenia: Four new hypotheses

B. Jorge[1]*, C. Pedro Fernandes[2], M. Mangas[3] and J. Carvalho[1]

[1]Serviço De Psiquiatria, Hospital de Braga, Braga, Portugal; [2]Psychiatry, Hospital de Braga, Braga, Portugal and [3]Serviço De Psiquiatria, Unidade de Saúde Local do Baixo Alentejo, Beja, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.2109

Introduction: Schizophrenia is a chronic and debilitating psychiatric disorder. Affecting social, emotional, perceptive, and cognitive