

*delirante*, characterized by a recurrent, sudden psychosis with polymorphic symptoms. Later (1924), the term cycloid psychosis was introduced by K.Kleist: phasic psychosis with good prognosis. Different concepts appeared throughout history: psychogenic psychosis (Wimmer,1916); atypical psychosis (Mitsuda,1942), holodisfrenia (Barahona,1957). Nowadays, the classification systems include many of these concepts in the same categories: Schizophreniform disorder, Brief psychotic disorder (DSM-5), and ATP (F23 in ICD-10).

**Conclusions:** All throughout the History of Psychiatry, there was an evolution of concepts associated to ATP. They were strongly influenced by different time epochs. It is important to have context on the historical background of the concepts used in the contemporary Psychiatry. Diagnosis is challenging due to their heterogeneous presentation. There are not many studies available, because of ATP's low diagnostic stability.

**Disclosure:** No significant relationships.

**Keywords:** acute transient psychosis; atypical psychosis; bouffée délirante; cycloid psychosis

## EPP0215

### Therapeutic drug monitoring of LAI antipsychotics as a predictor of clinical relapse: a one-year follow-up

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**Introduction:** Clinical relapses in schizophrenia remain a frequent event. Long-acting injectable (LAI) antipsychotics enhance adherence, but low blood levels can sometimes be observed despite an adequate posology. Nonetheless, the evaluation of this parameter is uncommon in clinical practice.

**Objectives:** To explore the potential advantages of therapeutic drug monitoring (TDM) of LAIs as a predictor of relapse in clinically stable outpatients with schizophrenia.

**Methods:** 44 individuals who had reached the pharmacokinetic steady state of LAI treatment (paliperidone, olanzapine, aripiprazole) underwent an anamnestic and psychopathological assessment. LAI blood levels were measured using liquid chromatography-mass spectrometry and classified as "in range" or "under range" according to the *Arbeitsgemeinschaft für Neuropsychopharmakologie und Pharmakopsychiatrie* (AGNP) guideline values. Individuals who relapsed during the one-year follow-up were compared to non-relapsers (Fisher's exact test,  $\chi^2$  or Mann-Whitney U). An exploratory binary logistic regression tested the role of other possible relevant predictors of relapse.

**Results:** No differences were observed in baseline use of mood stabilisers ( $p=0.211$ ), antidepressants ( $p=0.530$ ), or prescribed LAI ( $p=0.563$ ). Other comparisons are presented in the table: among these variables, in-range LAI levels were the only significant predictor of relapse ( $F=5.95$ ,  $p=0.015$ ; OR 0.04, 95%CI 0.02-0.56).

	Relapse (n=6)	No relapse (n=38)	p
Age (years)	41.33±10.78	43.95±12.98	0.667
Male	4 (66.7%)	21 (55.3%)	0.600
Illness duration (years)	21.83±2.64	19.13±11.82	0.289
Previous acute episodes	3.50±1.05	3.29±1.47	0.652
PANSS-total	49.33±14.83	42.74±14.14	0.231
In-range LAI	2 (33.3%)	32 (84.2%)	0.006

**Conclusions:** TDM of LAIs may optimise the clinical management of schizophrenia by highlighting a suboptimal dosage and a consequent higher relapse risk. Large-scale, drug-specific assessments are needed to confirm these findings.

**Disclosure:** No significant relationships.

**Keywords:** schizofrenia; LAI; Relapse; Therapeutic drug monitoring

## EPP0216

### Screen to Intervene; establishing a dedicated metabolic clinic for patients with chronic mental illness in an Irish Metal Health Service

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**Introduction:** People with serious mental illness exhibit higher morbidity and mortality rates of chronic diseases than the general population.

**Objectives:** The aim of this study was to establish a dedicated clinic for patients with chronic mental illness to monitor physical health in accordance with best practice guidelines.

**Methods:** Patients were invited to attend the metabolic clinic. The following areas were examined: Personal and family history of cardiovascular disease, diet, exercise, smoking. Mental state examination, waist circumference, BP, pulse, ECG and BMI. Laboratory tests including U+E, LFTs, HbA1c, Lipid profile and other tests as appropriate such as serum lithium. AIMS scale, HoNOS and WHOQOL-BREF scales as additional indicators of global health.

**Results:** A total of 80 patients attended during 3.5 years of clinic. Mean age was 54.9 years (SD:13.81) at first contact and 45% were females. Mean years in the service was 19.66 (SD:11.54) and mean number of previous hospital admissions was 4.4 (SD:5.63). Metabolic syndrome was present in 42% at first assessment and 20% had at least

one new physical abnormality identified during the clinic. A statistically significant difference was found for the psychological domain of the WHOQOL-BREF and the HoNOS particularly at third assessment. ( $\beta=4.64$ , Wald  $\chi^2=7.38$ , df:1,  $p=0.007$ , CI:1.3-8.1,  $\beta=-.889$ , Wald  $\chi^2=4.08$ , df:1,  $p=0.043$ , CI: -1.752 to-.026) respectively.

**Conclusions:** The results show a high prevalence of physical health conditions in this cohort, some of which represent a new diagnosis. This implicates better allocation of existing resources for screening and early detection, and potential to run joint clinics with primary care.

**Disclosure:** No significant relationships.

**Keywords:** Metabolic; chronic mental illness; physical health

## EPP0217

### The investigation of implicit Theory of Mind in patients with schizophrenia – a whole brain fMRI study

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**Introduction:** Theory of Mind is the ability to attribute mental states to others. Investigations have distinguished implicit and explicit forms of ToM. It is known, that patients with schizophrenia have deficits in their explicit ToM, and they also show altered brain activations during examining explicit ToM.

**Objectives:** In this study our aim was to investigate the underlying neural substrates of implicit ToM in patients with schizophrenia with fMRI.

**Methods:** Seven healthy subjects and two patients with first episode schizophrenia were involved. We used: false belief condition and control condition. All movies consisted of a belief formation phase and an outcome phase. The belief formation phase started with an agent placing a ball on a table in front of an occluder. Then the ball rolled behind the occluder. The movies could continue in different ways leading to a true or false belief. At the end of each movie, the agent reentered the scene and the occluder was lowered. In the outcome phase the ball was either present or absent behind the occluder. The control conditions started with a ball rolled behind the occluder on a table ended up with two different ways as the ball was either present or absent behind the occluder. There was no agent in the control movies.

**Results:** We found that healthy subjects activated significantly stronger the left lingual gyrus as well as the right temporoparietal junction.

**Conclusions:** Our findings suggest deficits in implicit ToM in schizophrenia and our findings also might help to clarify the underlying neural substrates of implicit ToM.

**Disclosure:** This research project was supported by the KTIA-13-NAP-A-II/12 (2018–2022) and the Hungarian National Excellence Centrum Grant 2018–2019.

**Keywords:** schizophrenia; Neuroimaging; Theory of Mind; fMRI

## EPP0218

### Digitised remote delivery of simulation in psychiatry during the pandemic and for the future.

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**Introduction:** Surrey and Borders NHS Foundation Trust's AVATr (Augmented Virtual-reality Avatar in Training) is a unique ground-breaking Virtual Patient simulation system, which uses the Xenadu platform to train learners in essential clinical and complex communication skills. Over 30 patient scenarios have been developed after identifying learner-specific development needs, including exploration of overt psychosis, assessment of capacity, sharing bad news, and neglect in care home residents.

During the session, the trainee is projected on to a large screen, using a camera and video special effects, which results in a life-like interaction with the Virtual Patient. Trainees can view themselves interacting with the Virtual Patient in real-time, from a unique 'out-of-body' perspective, immersed in a customdesigned interactive virtual environment. This is different to a first-person perspective used in virtual or augmented-reality systems in several clinical specialties. During the COVID-19 pandemic, we evolved the AVATr model to remote or hybrid sessions, where simulations were digitally enhanced, and have been run through Microsoft Teams. The simulation facilitator is connected to a multi-user video call, enabling the Virtual Patient to be projected as an attendee using Microsoft Teams.

**Objectives:** To evaluate the feedback from Doctors in training taking part on the education sessions.

**Methods:** We collected qualitative and quantitative information from participants after the teaching session.

**Results:** We received strongly positive results in all parameters measured. The presenters will show a detailed breakdown in the session.

**Conclusions:** The digitalised delivery of the virtual patient simulation, has been pivotal in limiting interruptions to communication skills training in mental health.

**Disclosure:** The NHS trust has co produced the simulation platform with a private software firm Xenadu Virtual Environments

**Keywords:** virtual reality; pandemic; remote education; simulation

## EPP0220

### Perceived clinical challenges when treating patients from another culture: a study among doctors training in psychiatry in Norway

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