Introduction: Several studies have mentioned the link between psychotrauma and psychosis. A direct causal link remains to be discussed.
Objectives: Evaluate the link between sexual abuse and psychosis.
Methods: We report the case of a male patient who developed schizophrenia following sodomy rape. We performed a literature review based on a PubMed search with the following keywords: "rape sodomy psychosis".
Results: Mr. M., 26 years old, with a personal psychiatric history of chronic psychosis evolving for 10 years, consulted us for follow-up of his schizophrenia. When he was 16, the patient was raped by sodomy by a 40-year-old man under stabbing threat. After this incident, the patient did not verbalize this trauma, he isolated himself, became irritable and aggressive and has had olfactory hallucinations. The symptomatology worsened until the age of 24 when the patient presented a delusional syndrome with a theme of persecution, mysticism, bewitchment by a mechanism of interpretation and visual hallucinations. Then,he was hospitalized in psychiatry for psychomotor instability, verbal hetero-aggression. He had been diagnosed with schizophrenia evolving over 9 years. Treatment with an antipsychotic: risperidone and valproic acid was started. The evolution was quickly favorable but the patient currently presents blunted affect, a sexual disinterest and a strong desire for revenge from his rapist. Treatment adjustment and psychotherapy would be considered.
Conclusions: The onset of subsequent rape psychosis and the persistence of symptoms related to the trauma are arguments in favor of a direct causal link between sexual abuse and schizophrenia.

Disclosure: No significant relationships.
Keywords: sodomy; psychosis; adolescent; rape

EPV0614

Negative symptoms of schizophrenia in patients with acute and transient psychotic disorders

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Introduction: The ICD-10 acute and transient psychotic disorders (ATPD, F23) without symptoms of schizophrenia are considered predominantly reactive psychotic disorders or affective pathology. However, negative symptoms of schizophrenia may be revealed in some of these cases after the psychotic reduction.
Objectives: To investigate the association between the developmental characteristics of psychosis and the negative symptoms detection after the psychotic reduction of ATPD without symptoms of schizophrenia.
Methods: 68 adult inpatients with ATPD without symptoms of schizophrenia (F23.0) were examined. Negative symptoms were assessed with the PANSS negative symptom subscale (PANSS-NSS). The sample was divided into two groups: with PANSS-NSS score>14 (n=12) and with PANSS-NSS score≤14 (n=56), respectively. Clinical-psychopathological, psychometric and statistical methods were applied.
Results: The results of the study are presented in Table 1.

Table 1. The ATPD developmental features

Features	The 1st group (n=12)	The 2nd group (n=56)	Pearson's contingency coefficient (C)
Males	7 (58,3%)	37 (66,1%)	0.062
Females	5 (41,7%)	19 (33,9%)	0.062
Mean age of psychotic onset, years (M±m)	24,9±10,5	30,8±10,2	-
Family history of schizophrenia*	4 (33,3%)	1 (1,8%)	0.418
Poor premorbid social adaptation*	5 (41,7%)	0	0.520
Prodromal functional decline*	9 (75,0%)	4 (7,1%)	0.550
Prodromal non-psychotic symptoms	9 (75,0%)	30 (53,6%)	0.163
Associated acute stress	4 (33,3%)	27 (48,2%)	0.113

*p<0,001
Conclusions: The probability of negative symptoms detection in ATPD without symptoms of schizophrenia is relatively strongly associated with the family history of schizophrenia, poor premorbid social adaptation and functional decline prior to the psychotic onset.

Disclosure: No significant relationships.
Keywords: negative symptoms; schizophrénia; Acute and transient psychotic disorder

EPV0615

Introducing a psychiatric genetic cohort of schizophrenia patients and controls from Vietnam

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Introduction: Genome-wide association studies (GWAS) have successfully revealed genetic risk variants for schizophrenia (SCZ). However, the vast majority of GWAS largely comprise European

samples. As a result, the derived polygenic risk scores (PRS) show decreased predictive power when applied to non-European populations.
Objectives: A long-term scientific cooperation between the Charité Universitätsmedizin Berlin and the Hanoi Medical University aims to address this limitation by recruiting a large genetic cohort of comprehensively phenotyped schizophrenia patients and controls in Vietnam.
Methods: A pilot study was conducted at the Department of Psychiatry of the Medical University Hanoi in 2017. Data collection encompassed i) genome-wide SNP genotyping of 200 schizophrenia patients and 200 control subjects ii) structured interviews to assess symptom severity (PANSS), iii) clinical parameters (e.g. duration of illness, medication) and demography.
Results: SCZ-PRS of the pilot sample (N=400) were generated using different training data sets: i) European, ii) East-Asian and iii) mixed GWAS summary statistics from the Psychiatric Genomics Consortium's latest discovery sample. Most variance explained was observed using a mixed discovery sample (R^2liability=0.053, p=3.11*10^{-8}, Pd <0.5), followed by PRS based on the East-Asian summary statistics (R^2liability=0.0503, p=6.78*10^{-8}, Pd <1) and the European sample (R^2liability=0.0363, p = 4.26*10^{-6}, Pd <0.01).
Conclusions: With this pilot project we established an efficient recruitment, genotyping and data analysis pipeline. Our results corroborate previous findings indicating that transferability of PRS across populations depends on the ancestral composition of the initial discovery dataset. We therefore aim to expand data collection efforts in the future in order to improve risk prediction across diverse populations.

Disclosure: No significant relationships.
Keywords: Vietnam; genetics; schizophrénia

EPV0616

What does static electricity has to do with schizophrenia?

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Introduction: The suspiciousness of a paranoid patient could reach extremes.
Objectives: To present the lessons learned after an interview with a similar patient.
Methods: Case report.
Results: Fifty-two year old woman suffering from paranoid schizophrenia (F20.0). Symptoms almost identical to her previous (two) hospitalizations: delusions of thought reading and of being surveilled by electronic equipment in her house/neighborhood. This time, though, she was additionally convinced of being the object of medical experiments and of being electronically surveilled even within the ward. Treatment: risperidone 12mg/day, lorazepam 3.75mg/day, biperiden 2mg/day. Three weeks after admission, the author noted a slight tremor in her hands (most certainly of extrapyramidal origin). I asked her to place both hands in front of her, fingers wide open, to assess it better. The patient followed with the fingers attached, though. Consequently, I approached my hands to hers -to show how it should be done correctly-, touching them lightly. Then, a spark was generated between our hands. Evidently, it was an electrostatic discharge (I was wearing a wool sweater that day; static electricity could easily accumulate on wool). She became outraged: "what kind of experiments are you doing to me?", "what electronic devices are you using?", "this is the proof of what I have been constantly saying".
Conclusions: The symptoms of psychotic relapses could evolve over time. A clinician should refrain from any strictly unnecessary physical contact with an exceedingly paranoid patient, particularly when the latter claims that is the object of "medical experiments". The elaborative "ability" of such patients could be, simply, astounding.

Disclosure: No significant relationships.
Keywords: paranoid; psychopathology; schizophrénia; Delusion

EPV0617

Clozapine prescribing during follow-up of a first-episode psychosis cohort

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Introduction: Of those with schizophrenia, one third develop treatment-resistant illness. Nearly 60% of these benefit from clozapine- the only antipsychotic medication licensed in this group.
Objectives: As treatment-resistant illness developed in the follow-up of a first-episode psychosis (FEP) cohort, clozapine was prescribed. This study retrospectively compared the clozapine prescribing patterns, within this cohort, to National Institute for Health and Care Excellence (NICE) guidelines. In addition, impact on hospitalisation, physical health monitoring and augmentation strategies employed following clozapine initiation were examined. Factors delaying initiation of clozapine treatment or contributing to its discontinuation were also explored.
Methods: The study included 339 individuals resident within an Irish community mental health team catchment area, referred with FEP from 1 January 2005 to 31 August 2016. Data were extracted from electronic medical records.
Results: Within the cohort, clozapine was prescribed to 32 individuals (9.4%). The mean number of adequate trials of antipsychotic prior to starting clozapine was 2.74 (SD 1.13; range 1–5). The mean time to clozapine trial was 2.1 years (SD 1.95; range 0.17–6.25). Following initiation of clozapine, mean hospital admissions per year fell from 2.3 to 0.3 (p=0.00). Mean inpatient days pre- and post-clozapine also decreased (147 vs. 53; p=0.00). In all, 18 patients ceased use of clozapine, 5 temporarily and 13 permanently.
Conclusions: Patients are being prescribed clozapine earlier than previously demonstrated. However, delayed treatment remains common, and many patients discontinue clozapine. Further research is necessary to describe and address factors which contribute to its discontinuation.

Disclosure: No significant relationships.
Keywords: first-episode psychosis; psychosis; treatment-resistant schizophrenia; clozapine