

German school, 'psychogenic psychosis' by Wimmer of the Scandinavian school and 'holodysphrenias' by Barahona-Fernandes from the Portuguese school. Cultural variants are also observed, as 'amok' seen in Malaysia or 'shinbyung' in Korea.

Conclusions: The intensity and polymorphism of brief psychosis present a clinical challenge. The historical evolution may be helpful on recognizing this entity in current clinical practice.

Keywords: Bouffée Delirante; Brief psychosis; Psychotic disorders; Atypical psychosis

EPP1164

Epilepsy and psychosis– where are we now?

I. Pereira*, V. Nogueira and J. Teixeira

Clínica 4 - Unidade De Alcoologia E Novas Dependências, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1378

Introduction: Epilepsy has long been considered a risk factor for psychosis, and studies estimate that up to 80% of patients with epilepsy will experience a psychotic episode at some point in the course of their disease. However, data on the treatment of psychotic disorders in epilepsy is limited and the management of these problems is still founded on individual clinical experience.

Objectives: To assess evidence pertaining psychosis related to epilepsy, especially its risks factors and treatment approaches available.

Methods: Bibliographic research was made through the PubMed/NCBI database. No time limit was specified on the search. Pertinent manuscripts were individually reviewed for additional relevant citations.

Results: Recent literature shows a prevalence in psychotic disorders of 5.6%, and up to 7% in patients with epilepsy. So far, mechanisms of psychosis in epileptic patients remain unknown. Risk factors are earlier age of epilepsy onset, more frequent seizures, longer duration of epilepsy, high number of relatives with epilepsy and long-term antiepileptic drugs therapy. Psychiatric manifestations may include both positive and negative symptoms, including auditory hallucinations, paranoid delusions, and disorganized thought and/or behaviour. Poor adherence to treatment with oral antipsychotics occurs in more than 40% of patients; long-acting injectable medication should be considered, bearing in mind interactions with anti-epileptic medication and possibility of increased side effects.

Conclusions: Our findings emphasize the importance of early recognition and management of psychosis in epileptic patients. Unfortunately, there is lack of evidence for the use of antipsychotic medication in epileptic patients, since available studies pertain to populations with primary psychiatric disorders.

Keywords: ictal psychosis; epileptic psychosis

EPP1165

Using causal interventionist models to examine the relationship between social anxiety and paranoia: A 3-month follow-up cross-cultural survey conducted in thailand and the united kingdom.

W. Aunjitsakul*, H. Mcleod and A. Gumley

Institute Of Health And Well-being, Medical, Veterinary and Life Sciences College, University of Glasgow, Glasgow, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1379

Introduction: The continuum of social threat ranges from anxiety to paranoia. Examining the factors that predict and mediate the relationship between social anxiety and persecutory paranoia will help with the development of interventionist-causal theories that can guide the development of new treatments.

Objectives: To investigate mediators between social anxiety and persecutory paranoia in a prospective cross-cultural analogue sample.

Methods: A 3-month follow-up online survey included participants aged ≥ 18 -years-old in Thailand and the UK. Recruitment was via advertisements on websites and social media. Participants completed questionnaires at baseline (T1) and 3-month follow-up (T2) measuring social anxiety, paranoia, depression. Mediators were: stigma; internal and external shame; social rank; self-esteem; and safety behaviours. We used linear regression to examine predictors of paranoia and mediation analysis to test indirect effects. Estimating the indirect effects was calculated by 10,000 bootstrapping bias-corrected 95% confidence intervals.

Results: At follow-up, 186 (70.4%female; mean age 34.9 ± 9.1) Thai and 236 (81.4%female; 35.7 ± 12.7) UK respondents completed the survey. Regarding change scores (T2-T1), higher paranoia was significantly predicted by higher social anxiety and external shame controlling for age, gender, depression. A simple mediation model controlling for depression showed significant indirect effects for external shame ($ab=0.06$, 95%CI=0.018 to 0.105) and safety behaviours ($ab=0.06$, 95%CI=0.002 to 0.127). A multiple mediation model found external shame was a significant mediator ($ab=0.06$, 95%CI=0.020 to 0.110).

Conclusions: These cross-cultural data suggest that external shame may mediate the prospective relationship between social anxiety and paranoia. These data suggest the potential for treatment of persecutory fears and social anxiety in psychosis by targeting shame-related cognitions.

Keywords: Shame; Prospective Studies; Psychotic disorders; Cross-Cultural Comparison

EPP1166

Attitudes of relatives of patients with schizophrenia

I. Lajmi*, S. Omri, M. Maalej Bouali, N. Smaoui, R. Feki, J. Ben Thabet, L. Zouari, N. Charfi and M. Maalej

Psychiatry C Department, Hedi chaker University hospital, sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1380

Introduction: Investigating family member's attitudes about schizophrenia is an important step in its management. They likely influence the family's help-seeking decisions and affect both adherence with biomedical interventions and social integration of the patients.

Objectives: Describe families' beliefs about the symptoms and the treatments of schizophrenia.

Methods: We led a transversal study including 32 relatives of patients with schizophrenia (DSM 5). We collected data for both