Introduction: Paraphrenia is a classic diagnostic entity characterized by an insidious development of a vivid and exuberant delusional system, more or less systematized, hallucinations and confabulations.

Objectives: Increase knowledge about paraphrenia, a classic diagnosis that no longer appears on international classifications.

Methods: Extensive research on the historical path of the paraphrenia diagnostic entity was carried out. Patient’s data is obtained from medical history and psychiatric interviews done during her hospitalizations.

Results: 68-year-old patient attended the hospital emergency service due to a demonic possession delusion that emerged when she was 44 years old, when she first consulted a psychiatrist because she believed someone introduced the demon inside her body. She described kinesthetic hallucinations as “movements of her brain” and an intense headache, both originated by the demon; as well as other types of hallucinations and confabulations. However, there was no deterioration in her personality or her intellectual capacity, as it could have been seen in a case of schizophrenia. This clinical case is considered a paraphrenia phantastica as it presents the typical features raised by the classic authors (mainly Henry Ey): paralogical thought dominance, megalomania, confabulation and integrity of relation with reality.

Conclusions: Current international classifications do not consider paraphrenia as a differentiated diagnostic entity, as it also occurs with other classical entities. This causes a loss of important tools that would achieve a better approach to the patient’s condition.

Disclosure: No significant relationships.

Keyword: Paraphrenia

EPV0587
Zoanthropy in confinement
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Introduction: Zoanthropy is a mental disorder in which a patient believes to be an animal. These patients believe they have morphed into another species and began to act like such. Several types of zoanthropy have been described. Mental disorders can be triggered by stressful life events in patients with certain vulnerability. Hearing impairment as a risk factor for psychosis has been suggested in Psychiatry research. The potential mechanisms underlying this association included loneliness, diminished theory of mind, disturbances of source monitoring and top-down processing and defferentiation.

Objectives: This case presents a patient, with no history of psychiatric diseases, who developed the delirious of being a dog during Covid-19 quarantine.

Methods: Previously healthy, sixty-year-old woman, with poor hearing, was taken to the Hospital for altered behavior after the confinement was stated. A low back pain started which derived on walking difficulties. The transformation begun and she started walking on four legs, barked and even pooped like a dog. Physical examination was normal. Mental exam revealed presence of delusion. Blood tests and brain imaging revealed no abnormalities. A treatment based on long-acting injectable aripiprazole was started.

Results: Within 4 months of treatment, her mental state improved and her hearing returned to normal. A low back pain started which derived on walking difficulties. The transformation begun and she started walking on four legs, barked and even pooped like a dog. Physical examination was normal. Mental exam revealed presence of delusion. Blood tests and brain imaging revealed no abnormalities. A treatment based on long-acting injectable aripiprazole was started.

Conclusions: Sensory impairment and social isolation, have been associated with late-onset psychosis, but appear to exert a nonspecific influence on vulnerability. Early assessment and treatment of hearing impairment in patients with high risk of psychosis may be essential in psychosis treatment and prevention.

Disclosure: No significant relationships.

Keywords: Zoanthropy; psychosis; Hear-impairment; confinement

EPV0589
Neurocognitive function in patients with negative thought disorders
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Introduction: Negative thought disorders are found in various diagnoses in clinical practice. These symptoms may show a possible psychosis continuum and may be taken into account when assessing schizophrenic risk. Neurocognitive functioning of patients with negative thought disorders need to be clarified.

Objectives: Aim of the study is to identify and validate the differences of executive functions between patients with negative thought disorders and patients without thought disorders.

Methods: Used a standardized neuropsychological test battery. There were 15 patients with negative thought disorders (affective disorders, personality disorders, schizophrenic spectrum disorders) and 18 patients with depressive episode without thought disorders in the research. Patients aged 17-25 years. The Mann–Whitney U test and ANOVA were used for statistical analysis.

Results: Significant results were obtained from The Verbal Fluency Test, The Design Fluency Test, The Digit span, The Rey-Osterrieth Complex Figure and Bidstrup’s drawings (All tests have p-values less than 0.05). In the methods listed above, the results in the group of patients with negative thought disorders are significantly lower than in the group of patients without thought disorders.

Conclusions: The data indicate a violation of Executive functions among patients with negative thought disorders: inhibitory control, planning and regulation, working memory, difficulty switching, which related to left frontal lobe dysfunction. A lack of simultaneity and understanding figurative language, which is associated with right hemisphere dysfunction.

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Keywords: Schizophrenic spectrum disorder; Neurocognitive function; Executive functions; Negative thought disorders