

EPV0917

Stigma and self-stigma in patients with delusional disorder: a systematic review.

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Introduction: The association between insight, stigma and self-concept has been considered as a potential predictor of poor clinical outcomes and global functioning in psychosis. In patients with delusional disorder (DD), the effects of stigma and self-stigma have been poorly explored.

Objectives: Our main goal was to systematically review studies addressing stigma and self-stigma in DD to assess whether these phenomena have an impact on clinical symptoms.

Methods: A systematic review was conducted through PubMed and Google Scholar databases from inception to 2022 (PRISMA guidelines). Search terms: (Stigma OR self-stigma) AND (“delusional disorder” OR psychosis OR paranoia). Studies were considered eligible if they included patients with DD.

Results: A total of 875 records were retrieved, from which 18 were included.

Stigma: (1) Stigma is associated with poor quality of life, poor adherence to medications and acceptance of diagnosis. (2) Support at workplaces would improve stigma and discrimination in DD. (3) Poor interpersonal competence may increase stigma experience in DD.

Self-stigma: (1) Women show higher level of self-stigma than men. (2) Higher rates of psychiatric hospitalizations and higher severity of symptoms associated with greater degree of self-stigma. (3) Suicidal ideation was associated with negative self-schema but not self-stigma, particularly in patients with persecutory delusions. (4) Self-stigmatization negatively associated with quality of life. (5) Depressive symptoms associated with higher levels of self-stigma. (6) Promotion interventions should address self-stigma content.

Conclusions: Further longitudinal studies are needed to test the influence of stigma and self-stigma on adherence to follow-up and specific interventions to improve them.

Disclosure of Interest: None Declared

EPV0916

Effects of aripiprazole long-acting two-injection start in patients diagnosed with schizophrenia in Huelva (Spain)

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Introduction: Improving outcomes in schizophrenia generally involves an improvement in drug adherence. Aripiprazole two-injection start (TIS) is the newest option of available on the market, with limited data on its effects.

Objectives: It was our goal to evaluate whether TIS has an effect on hospitalization rates, persistence and adverse events in patients with schizophrenia.

Methods: This 12-months cross-sectional study included 32 patients suffering from schizophrenia (mean age 33.6 years; 22 males). We collected sociodemographic data on all individuals, hospitalization rates, persistence, use of neuroleptic drugs as well as adverse events.

Results: Before starting TIS, the mean in terms of number of hospitalizations was 5.6, emergency department visits 8.7 and hospitalization days 12. After TIS, hospitalization rates was 22%, persistence 81%, adverse events were present in 3% of the patients and only 9% needed concomitant treatment with neuroleptic drugs.

Conclusions: The findings imply that TIS should be considered a first-line treatment choice for schizophrenic patients. It results in a decrease in the use of hospital services, which might ease the socioeconomic healthcare burden.

Disclosure of Interest: None Declared

EPV0917

Association between duration of Untreated Psychosis and severer symptoms and poorer quality of life: study in First-Episode Psychosis patients

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Introduction: The First Episode Psychosis (FEP) Inpatient Unit is specialized in early assessment/intervention in patients with Psychotic Disorders. Duration of Untreated Psychosis/DUP has a key role in the prognosis of those patients. Longer DUP is associated with poorer treatment response and greater risk of relapse. Some studies also suggest an association between DUP and the severity of negative symptoms, but further research is needed.

Objectives: The objectives of this study were to analyze the relationship between DUP and psychotic symptoms, duration of admission, medication, and quality of life, after inpatient intervention.

Methods: This is a retrospective study of a cohort (N=25) admitted to the unit. Sociodemographic and clinical variables (number of days of hospitalization, DUP, and Defined Daily Dose/DDD of antipsychotics) were evaluated. Psychometric instruments (PANSS/Positive and Negative Syndrome Scale and WHOQOL-BREF/World Health Organization Quality Of Life) were applied at admission and at discharge. We used a Spearman correlation test to measure the degree of association between the variables.

Results: Longer DUP correlated with more days of hospitalization, higher negative PANSS scores, and poorer social relationships domain of the WHOQOL at admission (p<0.05). At discharge, DUP presented positive and significant correlations with all sub-

scales of the PANSS (positive, negative, and general; $p < 0.05$) and DDD ($p < 0.01$).

VARIABLES	DUP
WHOQOL_SOCIAL_RELATIONSHIPS_DOMAIN_ADMISSION	$r_s = -.448^*$ $p = 0.018$
PANSS_NEGATIVE_ADMISSION	$r_s = .424^*$ $p = 0.035$
PANSS_NEGATIVE_DISCHARGE	$r_s = .638^{**}$ $p = 0.001$
PANSS_POSITIVE_DISCHARGE	$r_s = .455^*$ $p = 0.022$
PANSS_GENERAL_DISCHARGE	$r_s = .518^{**}$ $p = 0.008$
PANSS_TOTAL_DISCHARGE	$r_s = .564^{**}$ $p = 0.003$
DDD_DISCHARGE	$r_s = .539^{**}$ $p = 0.005$
DAYS OF HOSPITALIZATION	$r_s = .429^{**}$ $p = 0.032$

Conclusions: Our results are in line with the current literature on DUP, showing it leads to a worse prognosis, with a more severe clinical course, with the need for extended hospitalizations, a worsening of social relationships, and a higher dosage of medication.

Thus, DUP may be a potentially modifiable prognostic factor. It is possible that FEP patients with negative symptoms dominance may have a more insidious onset and, therefore, the search for treatment may be delayed. Conversely, if there is a mechanism by which DUP influences the symptom profile, its knowledge may lead to a better understanding of psychosis and improved treatment options.

Importantly, DUP showed stronger correlations with the severity of the clinical picture at discharge than at admission, suggesting that longer untreated psychosis may also predict poorer treatment response.

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EPV0918

Brief reactive psychosis....again! - Clinical case report

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Introduction: Brief psychotic disorder according to the DSM-5 is a condition of sudden onset lasting less than 1 month followed by complete remission with possible future relapses, characterized by the development of psychotic conditions. The duration of the illness is a differentiating factor from other disorders such as schizophreniform psychosis or schizophrenia. When there is a stressful event at the origin of the psychotic symptomatology, it is also called brief reactive psychosis. The pathophysiology of BPD is not known, especially given the extremely low incidence of the disorder. This condition most often affects people in their 20s, 30s, and 40s, and its higher prevalence among patients with personality

or mood disorders may suggest an underlying biological or psychological susceptibility that may have some genetic influence.

Objectives: To describe the main diagnostic considerations, clinical manifestations, treatment, prognosis and prevention of brief reactive psychosis through the description of a clinical case that developed two episodes of brief reactive psychosis in a period of 1 year and to emphasize the importance of maintaining treatment for a period of suitable time.

Methods: Case report and literature search with the terms: brief reactive psychosis, psychosis, neuroleptic, stressor event.

Results: We describe the clinical case of a 29-year-old woman, born in S. Tomé and Príncipe, previously healthy, with no personal or family history of mental illness, who had her first brief reactive episode after coming to Portugal. With the introduction of the 2nd generation antipsychotic, paliperidone, there was a substantial improvement in the condition, however, with the development of side effects having subsequently abandoned the treatment. About 1 year after starting work in Portugal, she develops a new event, a new psychotic episode, with characteristics of a brief psychotic disorder.

Conclusions: It is extremely important to alert patients to the possible side effects of drugs, as well as those who experience a brief psychotic episode, which are the risk factors and the need to comply with treatment in order to avoid a new relapse.

Disclosure of Interest: None Declared

EPV0920

“Embodied Psychomotor Therapy” in patients with Schizophrenia

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Introduction: Evidence from contemporary research has highlighted abnormal subjective pre-psychotic experiences as an expression of schizotropic vulnerability, for which trajectories up to First Rank Symptoms have been described. Embodiment is crucial to the conceptualisation of these experiences as the distinctive feature of schizophrenic phenomena. In fact, these are embedded in precise experiential frameworks such as Diminished Self-Affection and Hyperreflexivity, which constitute *in nuce* the experience of Dis-Embodiment. The latter responds poorly to conventional therapies, thereby affecting considerably the prognosis *quoad valetudinem* of Schizophrenia.

Objectives: This study is intended to explore the use of specific psychomotor therapy protocols aimed at fostering Embodiment in patients with Schizophrenia, especially by investigating its efficacy and specificity on self-perceived body disorders, on characteristic motor abnormalities and on psychopathological dimensions.

Methods: The study involves the participation of 20 patients throughout 10 weekly 90-minute meetings of Embodied Psychomotor Therapy (EPT) in groups of approximately 5 participants. Despite being partially inspired by current approaches, EPT is conceived as a specific activity intended for patients with schizophrenia: each meeting combines *intersubjective coordination*