

EPP1157

Thirteen year follow up of long term treated psychotic disorder: Personality aspectsT. Fagerberg^{1*}, J.P. Gustavsson², I. Agartz¹ and E. Jönsson¹¹Department Of Clinical Neuroscience, Karolinska Institutet & Stockholm Health Care Services, Stockholm, Sweden and ²Department Of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

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Introduction: Psychotic disorders often cause a drastic change in the life situation of the affected individual. Personality is an aspect that can affect the symptoms and social function in psychotic disorders.

Objectives: No study has examined stability of personality traits exceeding five years in patients with schizophrenia. The aim of this study was to investigate the stability of personality traits over a 13-year period among patients with psychotic disorder and healthy individuals and to evaluate case-control differences.

Methods: At three occasions during a 13-year period patients with psychotic disorders (n=28) and non-psychotic individuals (n=57) completed Swedish universities Scales of Personality (SSP). For all the individuals within- and between-subject analyses were performed at three occasions for all 13 subscales and the three overall factors of SSP. Correlations, means and SDs were calculated.

Results: Tests of within-subject correlations showed differences in two subscales: Lack of Assertiveness, which were influenced by age and Physical Trait Aggression, where patients ratings were stable, whereas controls rated themselves less aggressive at higher age. Between-subjects correlations showed differences regarding any of the parameters diagnosis, time, age, gender or age x gender in nine of the 13 subscales as well as in factor Neuroticism.

Conclusions: Long term follow-up showed a generally high stability of personality traits measured with SSP, especially among patients. Between-subject analyses over the 13 years showed that patients differed compared to controls for the SSP factor Neuroticism as well as the subscale Detachment, which is in accordance with previous studies.

Keywords: Swedish universities Scale of Personality (SSP); schizophrénia; Stability of personality traits; Personality

EPP1154

Implication of substance use in suicidal or violent behaviours in a first episode psychosis spectrum disorder population : A 45 patients retrospective study.R. Bordas*, C. Jourdan, C. Basso, E. Laffont, M. Pujol and L. Lamary
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Introduction: In First Episode Psychosis (FEP), Suicidal Behaviours (SB), Violent Behaviours (VB) and substance use are frequent respectively 10% to 30%, 34.5% and 50% (Pompili et al., 2011), (Tournier et al., 2013). The role of substance use in facilitating SB and VB is described (Large et al., 2011).

Objectives: We aim to evaluate the impact of substance use in FEP patients. Our hypothesis is that substance use is associated with more SB or VB before first admission.

Methods: First admission files of 45 patients diagnosed ICD10 F20 to F29 during the 2013-2018 period were retrospectively studied. SB, VB and substance use (Cannabis, alcohol and opiate/cocaine) before admission were collected. Correlation between SB and VB were tested with cannabis, alcohol, opiate/cocaine use with chi2 Pearson independence test.

Results: The frequencies of suicidal behaviours and violent behaviours were 25 % and 22.7 %. The frequencies of cannabis use, alcohol use, opiate/cocaine use were 56.1 %, 10 % and 16.3 %. A strong significant correlation was found between opiate/cocaine use and violent behaviour, $p = 0.011$ Chi2 was 6.471 DF 1. No other significant correlations were found.

Conclusions: Suicidal behaviours and violent behaviours are known to be more frequent in psychotic patients with addictive comorbidity. Our french rural hospital retrospective study confirms that violent behaviours in first admission psychotic patients are strongly associated with opiate/cocaine substance use comorbidity.

Keywords: schizophrénia; Substance use; violence; Suicide

EPP1157

Follow-up of patients with delusional disorder in a specialized outpatient clinic over a 2-year period.A. González-Rodríguez^{1*}, A. Guàrdia¹, A. Alvarez Pedrero¹, M. V. Seeman², L. Delgado¹, G.F. Fuchó¹, S. Acebillo¹, J.A. Monreal¹, D. Palao Vidal³ and J. Labad⁴¹Mental Health, Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT, Sabadell, Spain; ²Psychiatry, University of Toronto, Toronto, Canada; ³Mental Health, Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT. CIBERSAM, Sabadell, Spain and ⁴Mental Health, Hospital of Mataró. Consorci Sanitari del Maresme. CIBERSAM., Mataró, Spain

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Introduction: In order to prevent relapse and increase medication adherence, primary care physicians and psychiatric inpatient units should consider referring patients with delusional disorder (DD) to specialized outpatient clinics for treatment and follow-up.

Objectives: This poster describes a sample of DD patients referred to a specialized unit for DD and documents rates of follow-up care.

Methods: Over a 2-year period, 29 individuals were consecutively referred to the Parc Taulí -Delusional Syndrome Working Group, which provides treatment and clinical care for patients with delusional disorders for a catchment area of nearly 450.000 inhabitants in Sabadell (Barcelona, Spain). Criteria for inclusion in the program are relatively flexible. Referred patients are evaluated at baseline and at 6 months following their first appointment. Treatment and case management are offered by a multidisciplinary team consisting of psychiatric, nursing, and social work personnel. Psychological interventions are also offered.

Results: Of the 29 persons initially referred, 27 attended at least one scheduled appointment. Twenty-one out of the 27 patients received a confirmed diagnosis of DD (14 women, 7 men), 2 suffered from schizophrenia and 4 were diagnosed with other psychiatric disorders and referred to other programs: primary care (n=2), affective program (n=1) and addictions unit (n=1). A breakdown of DD subtypes follows: persecutory (n=10, 47.6%), jealous (n=4, 19%), somatic (n=5, 23.81%), mixed (n=2, 9.5%). Three patients with DD (14.3%) were lost to follow-up. Attendance rates of the 21 DD patients: 80.4% (Women: 77.67%, Men: 100%).

Conclusions: For a traditionally difficult-to-engage population, adherence to multidisciplinary clinic appointments was relatively high. Loss to follow-up was lower than would have been expected.

Conflict of interest: AGR has received honoraria, registration for congresses and/or travel costs from Janssen, Lundbeck-Otsuka and Angelini.

Keywords: Delusional disorder; psychosis; Therapy; adherence

EPP1158

Eye-movements deficits in schizophrenia: A metanalysis of evidence

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Introduction: Although eye-movement disorders are one of the most replicated deficits in the psychiatric literature, the strong heterogeneity of results is still an unexplained issue that could be effectively addressed with a quantitative review of evidence.

Objectives: For this reason, a large-scale meta-analytic study comprising more than 200 studies was conducted to analyse the presence of eye-movement deficits in schizophrenia patients, as compared to healthy controls.

Methods: To this aim, saccadic eye movements were grouped based on the type of task required (e.g., standard, predictive) and the quantification method used (e.g., number, duration, amplitude). For each sub-group separate meta-analysis was computed. Cohen's d was used as measure of effect size. Risk of bias within and between studies and heterogeneity were also analysed.

Results: indicated low Cohen's d with the exception of the number of correct antisaccades – where schizophrenia patients reported less correct anti-saccades than healthy controls - and antisaccades error rate – where schizophrenia patients reported a higher number of errors than healthy controls.

Conclusions: Antisaccades emerged as better suited to differentiate between patients and healthy controls, thus making them the most promising candidate as a possible biomarker for schizophrenia.

Keywords: Eye-movements; schizophrenia; Antisaccadic error; biomarker for schizophrenia

EPP1159

Depression and quality of life in schizophrenia-spectrum

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Introduction: The coming out of depressive disorders seems to be associated with severity of schizophrenia's disease and with poor quality of life (QoL).

Objectives: The aim of our study was to assess the relationship between depression and QoL in patients with schizophrenia.

Methods: This is a cross-sectional and analytical study including stabilized patients with schizophrenia or schizoaffective disorder followed up in the outpatient psychiatry department at Hedi Chaker hospital university of Sfax (Tunisia), between August and October 2019. We used the Calgary Depression Scale (CDS) to evaluate depression and the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-SF) to assess QoL.

Results: We recruited 37 patients with a mean age of 49.14 years and a sex ratio of 4.66. Seventy-three (73%) of patients were followed for schizophrenia and 27% for schizoaffective disorder. They were married in 43.2% and 35.1% of patients had a regular work. According to CDS, 18.9% of patients had depression with a mean score of 2.27 (SD 2). QLESQSF mean score was 65.51. Depression was negatively correlated with Quality of Life Enjoyment and Satisfaction ($r=-0.59$, $p<0.001$). We did not find a significant difference in depression according to the socio-demographic characteristics of the respondents or the clinical features of the disease.

Conclusions: It is clear that depression in patients with schizophrenia is associated with significant functional disability. Strategies to overcome the burden of depression may instil hope for functional recovery.

Keywords: schizophrenia; Depression; quality of life

EPP1160

Internalized stigma, depression and quality of life in schizophrenia

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Introduction: People with a schizophrenia experience higher levels of stigma.

Objectives: Our aim was to explore the relationship between internalized stigma, depression and quality of life (QoL) in these patients.

Methods: This is a cross-sectional and analytical study including 37 stabilized patients with schizophrenia or schizoaffective disorder followed up in the outpatient psychiatry department at Hedi Chaker hospital university of Sfax, between August and October 2019. The Internalized Stigma of Mental Illness scale (ISMI-29) was used to assess internalized stigma and its five dimensions. We used the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-SF) to assess QoL and the Calgary Depression Scale (CDS) to evaluate depression.

Results: 73% of these patients were followed for schizophrenia and 27% for schizoaffective disorder. The global mean score of ISMI was 71.95. The mean scores of alienation, stereotype endorsement, perceived discrimination, social withdrawal and stigma resistance were 15.16, 16.54, 12.95, 15.65 and 11.38, respectively. The Q-LES-Q-SF mean score was 65.51. According to CDS, 18.9% of patients had depression with a mean score of 2.27. Internalized stigma scores (global and the five dimensions scores) were significantly and negatively associated with QoL enjoyment satisfaction score (respective $p: p<0.001; p<0.001; p=0.004; p<0.001; p<0.001; p<0.001; p<0.001$). Global ISMI score and the four first dimensions scores were