

Methods: We collected sociodemographic and clinical data from 109 patients after discharge from a psychiatric hospitalization unit.

Results: Patients who consumed cannabis (N=35) were younger than non-consumers (M=31.4; SD=10.0 vs M=44.3; SD=11.4; $t(107)=5.71$; $p<.01$), with no significant gender differences, hospital stay durations, or proportions of schizophrenia diagnoses (33.3%). The readmission rates and time to readmission were similar between both groups. Interestingly, 54.2% of cannabis consumers required emergency care ($X^2(1, N = 109) = 4.1, p = .04$), with 73.6% not needing admission ($X^2(1, N = 109) = 5.5, p = .01$), in contrast to 33.7% and 56% in the non-consumer group. The time to the first urgent care visit was shorter in the consumer group (M=59.5; SD=56.3) compared to the non-consumer group (M=105.8; SD=93.1; $t(107)=1.92$; $p=.03$).

Conclusions: This study reveals that patients with psychosis and cannabis consumption tend to visit ER services more frequently despite utilizing fewer hospital resources like hospitalizations. Notably, despite the increased ER visits, there hasn't been a corresponding rise in hospital readmissions. These would be due to individuals experiencing cannabis-related psychotic episodes receiving suitable assessment and treatment in the ER, obviating the need for prolonged hospitalization. Furthermore, some psychotic episodes may naturally resolve over time, particularly with reduced or discontinued cannabis consumption. Our result highlights the need for personalized care approaches targeting this group, effectively addressing acute episodes related to cannabis use and psychosis. Addressing this trend requires a multidisciplinary approach involving mental health professionals, addiction specialists, and emergency response teams.

Disclosure of Interest: None Declared

EPP0722

Clinical predictors of treatment effectiveness in late onset schizophrenia and schizophrenia-like psychosis

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Introduction: Clinical features and structural changes in the brain of patients with late-onset schizophrenia and schizophrenia-like psychosis are important in predicting the effectiveness of treatment.

Objectives: Identification the dependence of effectiveness of psychopharmacotherapy on the clinical features and structural brain changes in late-onset schizophrenia and schizophrenia-like psychosis.

Methods: 111 patients, age from 52 to 89 years with ICD-10 diagnosis F20, F25, F22.8, F06.2 were investigated for 28 days. Clinical, psychometric methods with PANSS, CGI, HAMD, CDSS, MMSE scales were used. MRI/CT were performed. Effectiveness of treatment was measured in two ways: 1. Percentage ratio of reduction in total scores to the 1st value of scales. 2. The number of responders (patients with a decrease in PANSS by 30% or more).

Results: The effectiveness of treatment in the overall group was 29,4% on the PANSS scale (from -13,6% to 77,2%). The greatest

effectiveness was on subscale of positive syndromes (34,9%), the lowest – on the subscale of negative syndromes (18,6%). The number of responders (R) was 43 patients (38,7%), non-responders(NR) – 68 patients (61,3%). The responder group was characterized by a greater severity of acute psychosis before the begging of treatment. Early insomnia, excitement and anxiety, decreased appetite, valuated by HAMD scale were significantly more pronounced. Treatment effectiveness had negative correlates ($p<0,05$) with number of acute attacks, number of hospitalizations and the duration of current attack. The predominance of negative symptoms has a negative correlation with effectiveness by PANSS and CGI scales. According to the results of MRI/CT examination, cortical atrophy, vascular changes and leucoaraiosis were more often represented in NR group.

Conclusions: The connection between the effectiveness of treatment and the clinical and psychopathological features and structural changes in late onset schizophrenia and schizophrenia-like psychosis was shown.

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EPP0723

Peer Support in Psychosis Care: A Valuable Resource for Recovery

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Introduction: A variety of peer support workers have been integrated in the mental health workforce in several countries. The effectiveness of this approach is still inconclusive. However, some data reveals promising results. Some projects have integrated peer support intervention in the treatment of psychosis. In fact, UK clinical guidelines for psychosis advise the inclusion of peer support within Early Intervention in Psychosis services.

Objectives: The current study aims to evaluate how peer support may assist the intervention in psychosis and highlight challenges ahead in this field.

Methods: Narrative review of the available scientific literature.

Results: Research suggests that consistent and frequent peer support enhances social support and boosts self-confidence and the overall quality of life for people going through psychosis. Individuals diagnosed with severe mental illnesses who receive peer support reportedly experience an increased sense of control, hopefulness, and empowerment, enabling them to initiate positive changes in their lives. People going through psychosis experience internalized stigma. Destigmatization of psychotic experiences is a central theme of intervention in psychosis. Participants viewed peer support as a valuable form of assistance that could offer advantages to both peers (service users) and peer support workers.

Conclusions: Peer support makes a strong contribution to destigmatising psychosis. The available date is promising and supports the effectiveness of peer support in such instances. As projects of peer support in psychosis continue to be implemented, further

research should provide additional insight into the effectiveness and inherent challenges of this type of intervention.

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EPP0725

Beliefs and attitudes about medications in patients with psychosis

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Introduction: Patients' beliefs and attitudes about medications play a role in whether they adhere to their medications or not. Knowledge on how beliefs and attitudes about medications can be influenced is therefore important.

Objectives: The current study aimed to assess whether patients' perceived support from their therapists regarding use of medications was associated with their beliefs and attitudes about medications. Because non-adherence in patients with psychosis frequently results in relapses and emergencies, this knowledge may be very useful for therapists and patients.

Methods: This cross-sectional study included 310 patients diagnosed with psychosis from 31 clinical units in Norwegian mental health specialist care. We assessed beliefs about medications using the Beliefs about Medicines Questionnaire (BMQ). BMQ-specific consists of two subscales, BMQ-necessity and BMQ-concerns. Higher score on the necessity subscale indicates stronger beliefs in the necessity of taking the medicine. Higher score on the concern subscale indicates stronger concerns about taking the medicine. We used a newly developed self-report questionnaire, MedSupport, to assess the patients' perceived support from therapists in dealing with their medications. Higher score on the MedSupport means that the patient experienced more support with decisions related to medications. Linear mixed effect models were used to investigate possible associations of sociodemographic factors, clinical factors and patients' perceptions of medication support with BMQ.

Results: Patients' perceptions of medication support from therapists were positively associated with positive beliefs towards medications, $\beta = 0.20$, 95% CI [0.04 to 0.35], $p=0.012$, and negatively associated with concerns about taking the medications, $\beta = -0.31$, 95% CI [-0.44 to -0.17], $p < 0.001$, when other relevant variables were taken into consideration.

Conclusions: The present study shows that therapists may affect patients' beliefs and concerns about medications. Consequently, medication support may lead to improved adherence to medications prescribed.

Disclosure of Interest: None Declared

EPP0727

Epidemiological analysis of hospitalizations for Schizophrenia, Schizotypal Disorders and Delirium in Rio Grande do Sul over the last 5 years

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Introduction: In recent years, mental health has gained prominence in public health, prompting thorough investigations into psychiatric condition trends. This study conducts a comprehensive epidemiological analysis of hospitalizations for Schizophrenia, Schizotypal, and Delirium Disorders in Rio Grande do Sul (RS) over the past five years. By revealing these patterns, it enhances our understanding of regional mental health dynamics and offers insights for intervention strategies, resource planning, and improved mental healthcare. The ultimate goal is to advance more effective and accessible mental healthcare in RS and beyond.

Objectives: This study aims to analyze the prevalence and epidemiological profile of hospitalizations due to psychiatric disorders to assist in the diagnosis and outcome of affected patients.

Methods: A cross-sectional, descriptive, retrospective, and quantitative study was conducted regarding hospitalizations for Schizophrenia, Schizotypal Disorders, and Delirium in the state of RS between January 2018 and November 2022. Data were collected from the Department of Informatics of the Brazilian Unified Health System (DATASUS) in the "Hospital Information System of SUS" section, focusing on the nature of care, age group, gender, and ethnicity of the patients. The information was aggregated over the five-year period based on the four mentioned descriptors and subsequently analyzed to establish a profile of hospitalizations during that period.

Results: The analysis spans from 2018 to 2022, encompassing a total of 28,345 hospitalizations. In 2019, there was the highest number of cases (22.21%), followed by 2018 (21.08%). Urgent care admissions constituted 85.34% of the total. The age group most affected was 35 to 39 years (11.8%). Men were more affected than women (60.18%), and the majority of hospitalizations were among the Caucasian ethnicity (75.12%). The average length of stay was 23.7 days, and the mortality rate stood at 0.26%.

Conclusions: The increasing trend in hospitalizations, peaking in 2019, highlights the need for preventive measures. Urgent admissions (85.34%) underscore the demand for accessible mental health resources. Men in the 35 to 39 age group are disproportionately affected, suggesting specific risk factors. The predominance of Caucasian ethnicity emphasizes the need for culturally sensitive