

EPV0965

Clinical and cognitive factors associated to insight in first psychotic episodes

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doi: 10.1192/j.eurpsy.2024.1551

Introduction: Insight is a field of interest in psychosis, due to its influence on the course and prognosis of the disease and as well as adherence to treatment.

Objectives: The present work aims to evaluate the influence of cognitive and psychopathological variables on awareness of illness in first psychotic episodes.

Methods: It is a cross-sectional study of a sample of 26 patients with diagnosis of a first psychotic episode admitted in a Brief Hospitalization Unit, who have been evaluated using the Positive and Negative Symptom Scale (PANSS), the Screening for Cognitive Impairment (SCIP) and the Scale of Non-awareness of Mental Disorder (SUMD).

Results: A positive correlation was found between SUMD and negative PANSS (the worse insight, the greater negative psychopathology) and between the level of cognitive performance and the awareness of having negative symptoms (affective blunting, anhedonia and associability) and their attribution to the disease.

Conclusions: This findings suggest the importance of addressing awareness of negative symptoms from the first episodes in psychoeducational family therapy and rehabilitation programs, taking into account that this process is hindered by the cognitive dysfunctions.

Disclosure of Interest: None Declared

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Spontaneous mentalizing in patients with schizophrenia – a meta-analysis

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doi: 10.1192/j.eurpsy.2024.1552

Introduction: Mentalizing helps us to understand the behaviour of others in our everyday social interactions. Spontaneous mentalizing without explicit instructions refers to representing mental state attribution. Several studies have described social cognitive deficit in schizophrenia, which largely determines the functional outcome of the disease.

Objectives: To better understand the involvement of spontaneous mentalizing in schizophrenia, we consider it important to summarize the results of studies that used indirect instruction to measure spontaneous mentalizing performance in schizophrenia.

Methods: In our meta-analysis, we conducted a systematic search of four large databases (MEDLINE, EMBASE, Cochrane Central Register of Controlled Trials [CENTRAL], Web of Science). A total of 14 articles were involved.

Results: Based on our findings, the performance of patients with schizophrenia is significantly weaker than in the average population for both scripts with mentalizing interactions (MD: -0.63; 95% CI (-0.90, -0.35); p=0.0021), and with goal-directed movements (SMD: -0.55; 95%CI (-0.97, -0.13); p=0.02). The intentionality of expressions used by patients with schizophrenia is significantly lower compared to the average population (for both animations with complex social interactions: MD: -0.99; 95% CI (-1.39, -0.59); p=0.0003; and with goal-directed movements: MD: -0.31; 95% CI (-0.53, -0.08); p=0.0218). We have found no significant difference neither in appropriateness nor in intentionality of verbal terms between the two groups in the case of animations with random movements.

Conclusions: Based on the meta-analysis, we found poorer performance in schizophrenia in spontaneous mentalizing. We also found poorer performance in tasks with goal-directed movements used as control tasks, suggesting a more pervasive impairment of mentalizing in schizophrenia. These deficits may affect the functional outcome of the disease and could potentially have therapeutic implications.

Disclosure of Interest: None Declared

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The role of resilience and coping behavior in schizophrenia in the prevention of psychosis relapse

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doi: 10.1192/j.eurpsy.2024.1553

Introduction: According to scientific sources, personal resources in the form of resilience, stress coping skills play an important protective role in the prevention of psychosis recurrence. Weakening the psychological capacity of the patient and increasing stress are risk factors for psychosis.

Objectives: To study the protective role of such personal resources as resilience and coping with stress in schizophrenia, as well as the influence of negative symptomatology and psychosociorehabilitation intervention on these factors.

Methods: Clinical-psychopathological, statistical, and psychometric methods were used (Alfimova-Golimbet's resilience scale, Amirkhan's coping strategies questionnaire, and PANSS). Patients of two groups participated in the study: 1 - members of a community organization (OO), n=49, who in addition to psychopharmacotherapy were given comprehensive long-term psychosociorehabilitation (3.7±2.5 years), 2 - patients of the medical-rehabilitation department of a psychiatric hospital (MRO), n=48, in whom the psychosociorehabilitation intervention was shorter (40.3±6.5 days).

Results: The results of the study showed that significant predictors of a favorable course of the schizophrenic process were high indicators of resilience, coping behavior, and a small degree of negative

symptomatology. Analysis of the data regarding patients' coping with stress shows that constructive coping strategies are more frequent in both groups. Thus, "problem solving" (24.3 points in GS and 22.9 points in MPO) and "search for social support" (23.0 points and 22.7 points, respectively), that is patients of both groups are generally oriented to a productive way of coping with difficult situations and are ready to seek help from others in a difficult situation. Notably, the strategy of "problem avoidance" is less pronounced (18.5 points and 19.4 points, respectively). The high resilience scores in the GS group (32.5 points), comparable to the norm in the population (33.1 points), are explained by long-term comprehensive psychosociorehabilitation, while the resilience scores in the MPO group are lower - 28.7 points. Negative symptoms of schizophrenia were equally pronounced in both groups, manifested by difficulties in communication (2.6 points each), passive-apatetic social withdrawal (2.7 points each). Such negative symptoms as blunting of affect and emotional indifference were more pronounced in the MPO group - 3.2 points each vs. 2.8 points in the group from the GS.

Conclusions: High levels of resilience and ability to cope with stress as a result of psychosociorehabilitation intervention allow patients to overcome difficult life circumstances more flexibly. They are associated with less pronounced negative symptoms, which generally helps prevent psychosis relapses and contribute to a more favorable course and prognosis of schizophrenia.

Disclosure of Interest: None Declared

EPV0966

Understanding the Complex Relationship Between Gastrointestinal Symptoms and Psychosocial Factors in Schizophrenia

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doi: 10.1192/j.eurpsy.2024.1554

Introduction: Insensitivity to pain in schizophrenia is a complex phenomenon. Understanding schizophrenia's heterogeneity is crucial for personalized treatments.

Objectives: Individuals diagnosed with schizophrenia often experience gastrointestinal issues and exhibit elevated levels of depression and anxiety. There is an urgent need to understand how these factors interact and how childhood traumas, a significant risk factor for schizophrenia, can affect gastrointestinal symptoms in these individuals.

Methods: The study involved 51 individuals diagnosed with schizophrenia. The hierarchical cluster analysis on the principal components (HCPC) was performed to identify groups of similar observations for test scores and the overall results for 14 tests. Hierarchical clustering was performed using Ward's minimum variance method. Differences in the results of individual tests between clusters were estimated using the *V* test.

Results: The schizophrenia group was categorized into three clusters. The patients belonging to the first cluster are characterized by

high GAF test scores and low scores on tests for gastrointestinal symptoms, ITQ, CTQ, GHQ-28, STAI, CALGARY, BDI II, SAMPS, SANS, and PANNS. In contrast, patients in the second cluster had scores significantly above the group average on the tests SANS, PANNS, and SAPS and low scores on the tests DBZ RZ, CTQ, STAI, BDI II, ITQ, and GAF. Finally, patients in the third cluster had high scores on the tests BDI II, ITQ, STAI, CTQ, GHQ 28, DBZ RZ, gastrointestinal symptoms, TEC PL, CALGARY, and CISS. High CTQ scores may contribute to increased GSSR scores due to childhood trauma's potential to trigger chronic stress, affect the nervous system, and induce psychosomatic symptoms, including gastrointestinal problems. Elevated BDI II and STAI scores can also impact GSSR results by disrupting the connection between emotions and the gastrointestinal system.

Conclusions: This research underscores the intricate interplay of various psychosocial and physiological factors that influence the perception of pain related to gastrointestinal symptoms in individuals with schizophrenia.

Disclosure of Interest: None Declared

EPV0967

"Folie à deux," or shared psychosis: A case report

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doi: 10.1192/j.eurpsy.2024.1555

Introduction: "Folie à deux," or shared psychosis, is a fascinating psychiatric phenomenon characterized by the transmission of delusional beliefs and psychotic symptoms from one individual (the "inducer") to another (the "recipient") who share a close emotional bond. Despite its rarity, "Folie à deux" presents unique challenges and insights into the understanding of psychosis and the intricacies of interpersonal relationships.

Objectives: The primary objective of this review is to analyze the recent clinical literature on "Folie à deux" to better comprehend its clinical presentation, diagnostic criteria, etiological factors, and therapeutic approaches. By synthesizing the latest research findings, we aim to enhance the awareness and understanding of this intriguing phenomenon among mental health professionals.

Methods: A case report of a couple of a 34-year-old male and a 43-year-old female with a shared delirium. The male was brought to the emergency department by ambulance after being found in the street with behavioral disturbances and delusional symptoms. Individual interviews with both members of the couple revealed shared delirium. He was admitted to the psychiatric ward for the clinical picture consisting of a chronic delusional disorder of years of evolution and new symptoms such as restlessness and behavioral disturbances.

Results: The review reveals that "Folie à deux" remains a rare but clinically relevant phenomenon, with reported cases spanning diverse cultural and familial contexts. Diagnostic criteria, as outlined in the DSM-5, have been useful in guiding clinicians in identifying and managing cases. The literature emphasizes the importance of a thorough psychiatric evaluation to distinguish "Folie à deux" from other psychopathological conditions. Recent