

Introduction: Schizophrenia and other psychotic disorders are disorders in which the individual's assessment of reality is impaired and which progress with exacerbations and become chronic, leading to disability, loss of function, social communication problems and frequent hospitalisations.

Objectives: The aim of our study was to evaluate the clinical and sociodemographic data of patients followed up in the outpatient clinic for psychotic disorders and hospitalized at least once in any time during their treatment.

Methods: The sample of the present study consisted of patients who were followed up in the psychotic disorders outpatient clinic of Selçuk University Faculty of Medicine Hospital and who were hospitalised at least once. Patients were identified by retrospective file search and those with sufficient information about their sociodemographic-clinical characteristics were included. The study approved by the ethics committee of Selçuk University Faculty of Medicine.

Results: Of the 130 patients, 52 (40%) were female and 78 (60%) were male; mean age was 40.8 ± 12.0 years. Almost half of the patients ($n=53, 40.8\%$) had primary school education. 73 (59.2%) of 130 patients were receiving long-acting antipsychotic medication. 100 patients (76.9%) were using oral antipsychotics. 63 out of 100 patients were on clozapine. 22 of 63 patients used clozapine as monotherapy. The mean duration of untreated psychosis ($n=90$) was 15.8 ± 32.1 months. The mean number of hospitalisations was 3.4 ± 2.5 . 15 patients (11.5%) were lived in a nursing home. The mean number of hospitalisations of patients receiving long-acting treatment (3.8 ± 2.9) was significantly higher than that of patients receiving oral treatment only (2.7 ± 1.6) ($p=0.004$). There was no significant difference in the mean number of hospitalisations when comparing according to the presence of clozapine in the treatment ($p>0.05$).

Conclusions: The primary goal in the treatment of patients with schizophrenia is to prevent relapses, hospital admissions and improve patients' quality of life and functioning. Therefore, the variables related to hospitalisations, which are an indirect indicator of the frequency of psychotic episodes, should be well evaluated. Our study was mainly descriptive and evaluated the relationship between several parameters and hospitalisations. It was thought that the high number of hospitalisations in patients on long-acting treatment might be related to the fact that long-acting treatment in our country is mostly started in the late stages of the disease. Large-sample studies of predictive parameters are needed to prevent psychotic episodes and reduce the number of hospitalisations.

Disclosure of Interest: None Declared

EPV0923

Impact of negative signs on therapeutic compliance in patients with schizophrenia

H. Ballouk*, H. boukidi, K. taleb, S. belbachir and A. ouanass

Ar-Razi university psychiatric hospital, Salé, Morocco

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1520

Introduction: Schizophrenia is characterized by a heterogeneous clinical expression. Schizophrenic symptoms fall into three main

dimensions: positive, negative, and disorganized. Negative symptoms may be primary or secondary to positive symptoms.

Therapeutic compliance is essential in the management of mental illnesses and in particular schizophrenia. The associations between poor compliance and negative symptomatology are little studied even though it is found in several patients suffering from schizophrenia and is associated with a poor functional prognosis.

Objectives: The objective of this study is to evaluate the link between negative symptoms and medication adherence in patients with schizophrenia.

Methods: This is a cross-sectional study with a descriptive and analytical aim carried out among patients in whom a diagnosis of schizophrenia was made according to the diagnostic criteria of the DSM-5.

Data will be collected using an anonymous hetero-questionnaire including patients' personal and sociodemographic data, as well as the negative symptoms subscale of the PANSS and Medication Adherence Rating Scale (MARS) which assesses therapeutic compliance.

Results: In total, we obtained a sample of 109 patients. The median age of the population is 37 years (± 8.2), the age varies between 18 and 64 years. The majority of patients were single, i.e. 79.6%. On average, patients had good compliance with the MARS with a mean score of 6.3 ± 1.9 [0;10]. A negative correlation between the negative symptoms subscale of the PANSS and the MARS was found significant ($p=0.003$), with a moderate effect.

Conclusions: This study showed that the negative signs of schizophrenia have an impact on therapeutic compliance. Therefore, it would be useful to enlarge the sample and study this association in depth in order to be able to improve these signs to ensure good care and better quality of life for these patients.

Disclosure of Interest: None Declared

EPV0924

Duration of untreated psychosis and involuntary hospitalization in first-episode psychosis

H. J. Gomes*, R. A. Moreira, J. P. Correia, E. Maldonado, J. M. Barros and J. R. Gomes

Unidade Local de Saúde do Nordeste, Bragança, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1521

Introduction: Duration of untreated psychosis (DUP) is defined as the time between the onset of psychotic symptoms and the initiation of appropriate treatment. DUP has been the subject of intensive research to understand how it is associated with a poorer prognosis in patients with first-episode psychosis (FEP). Involuntary treatment is often necessary in the context of FEP.

Objectives: To characterize the relationship between the duration of untreated psychosis (DUP) and the type of hospitalization (voluntary versus involuntary) in patients admitted for FEP.

Methods: We conducted a retrospective observational study, collecting data from patients admitted between January 2019 and December 2022, in the psychiatric unit at our hospital in Bragança, Portugal. We used the information recorded in the clinical records

and statistical analysis of the data was performed using the SPSS program.

Results: Over the 4-year study period, 81 patients with first-episode psychotic symptoms at admission were selected. The average age was 46.98 years, with a slight male predominance. 46.9% (n=38) were admitted involuntarily, and 53.1% (n=43) were admitted voluntarily. The average DUP was 73 days. DUP was 95.92 days for patients admitted involuntarily and 54.72 days for voluntary admission. This difference was not statistically significant.

Conclusions: There was a longer DUP in patients admitted involuntarily, although this association was not statistically significant. However, it is important to emphasize that involuntary hospitalization is frequently linked to more severe cases and poorer prognosis. Therefore, recognizing psychotic symptoms as early as possible is essential to facilitate prompt identification and effective treatment for patients experiencing their first episode of psychosis, ultimately leading to an improved prognosis.

Disclosure of Interest: None Declared

EPV0925

The Relationship Between Internal Stigmatisation, Recovery and Treatment Adherence in Individuals with Schizophrenia

M. S. Keskiner¹, S. Aktaş², M. C. Aktaş¹, H. Ayhan¹ and K. Aslan^{1*}

¹Department of Psychiatric Nursing, Yüzüncü Yıl University, Faculty of Health Sciences and ²Department of Psychiatric Nursing, Health Sciences University Van Training and Research Hospital, Van, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1522

Introduction: Schizophrenia has a clinical course that has a great negative impact on the daily life of the person due to the cognitive and social problems it causes. Internalised stigmatisation is a very common negative phenomenon in individuals diagnosed with schizophrenia. It is known that treatment adherence is low in schizophrenia patients with high levels of internalised stigma. Lack of adequate treatment adherence in these patients is a negative factor in terms of recovery. Reducing the level of internal stigmatisation and reinforcing treatment adherence in schizophrenia has a positive effect on recovery. Considering this situation, it is important to determine the relationship between internal stigmatisation, treatment adherence and recovery in schizophrenia patients. In the literature review, there were no studies in which the relationship between internal stigmatisation, recovery and treatment adherence in individuals diagnosed with schizophrenia was carried out together.

Objectives: In this study, it was aimed to fill the existing gap in the relevant field and to be a resource for further intervention programmes.

Methods: The study was planned as descriptive. The sample of the study consisted of individuals diagnosed with schizophrenia aged 18 years and over who met the inclusion criteria and accepted to participate in the study by purposive sampling method. In the power analysis, the sample number was calculated as (N=80) with a margin of error of 0.5. Personal information form, Internalised Stigma Scale in Mental Illness (ISMI), Recovery Assessment Scale

(RAS) and Medication Adherence Rating Scale (MARS) were used for data collection. IBM SPSS 27.0 package programme was used for statistical analysis.

Results: The data are still being analysed in detail by the researchers. The findings and relational results of the study will be presented.

Conclusions: It is thought that the results of the study will contribute to the reporting of the relationship between intrinsic stigma, recovery and treatment adherence in individuals diagnosed with schizophrenia, and by revealing the relationship between the variables, it is thought that it will be a source for planning interventions that will increase the treatment adherence and recovery perceptions of schizophrenia patients and reduce their intrinsic stigma.

Disclosure of Interest: None Declared

EPV0926

Experience with 6-month paliperidone palmitate in a mental health center: descriptive study in real clinical practice

I. Garcia Del Castillo^{1*}, A. P. Balaguer¹, B. G. Esteban¹, M. V.-B. Garcia del Castillo¹, H. V.-H. Garcia del Castillo², S. Castela-Almodovar², A. Arce de la Riva² and F. Neira Serrano³

¹Psychiatry, El Escorial Hospital, El Escorial; ²Psychiatry, Puerta de Hierro University Hospital and ³Statistics, Francisco de Vitoria University, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1523

Introduction: Extensive evidence supports that the use of long-acting injectable antipsychotics (LAIs) reduces the risk of relapses and maintains functional and symptomatic improvements in patients with schizophrenia, both in the initial stages and in chronic cases. Several LAIs are available but paliperidone palmitate is the only antipsychotic with formulations lasting 3 (PP3M) and 6 (PP6M) months. Longer-duration LAIs achieve stable treatment with fewer injections. Recent studies with PP3M support a reduction in hospitalizations and emergency room visits compared to monthly paliperidone and aripiprazole or oral antipsychotics.

PP6M seems to be at least as effective and well tolerated as other LAIs in preventing relapses in previously stabilized patients with schizophrenia.

Objectives: to assess efficacy and tolerability of PP6M in a real clinical practice compared to previous treatment (oral antipsychotics or other LAIs)

Methods: Patients with a diagnosis of psychotic disorder and treatment with PP6M have been recruited consecutively in a Mental Health Centre in the Community of Madrid (Spain). Clinical stability (CGI and emergency visits and hospitalizations since the start of treatment), tolerability (adverse effects), functionality (PSP scale) and satisfaction with treatment (TMSQ scale) have been studied.

Results: 16 patients were included throughout the first 6 months of treatment with PP6M treated at a CSM in the Community (CSM) of Madrid, of which 2 abandoned the study. Among the 14 patients included, aged between 26 and 60 years, 13 had a diagnosis of