

Conclusions: Valproate-induced hyperammonemic encephalopathy is an unusual but serious complication. It is often underdiagnosed, with an unclear incidence. The consequences of undertreatment can be potentially deadly. Clinical suspicion should be established in all patients with decreased level of consciousness in patients receiving VPA. Hyperammonemia can be asymptomatic in half of the cases and can occur in people with normal therapeutic doses and normal serum valproate levels. The mechanism of VPA-induced hyperammonemic encephalopathy is unclear. At present, it is thought to be primarily due to propionic acid, a metabolite of VPA, which inhibits an enzyme necessary for the elimination of ammonia in the urea cycle. In addition, VPA can raise plasma ammonia levels through interaction with carnitine, leading to increased renal excretion of carnitine. In terms of treatment, the main recommendations agree that discontinuation of valproate is the most effective therapy, followed by administration of lactulose to reduce ammonium levels. Carnitine supplementation may be useful in the following cases: for seizure disorders in children at risk of developing carnitine deficiency, in VPA poisoning and in VPA-induced hepatotoxicity.

Disclosure of Interest: None Declared

EPV0938

PREVALENCE OF SUICIDAL IDEATION IN PATIENTS WITH SCHIZOPHRENIA TREATED AT THE PSYCHIATRIC OUTPATIENT CLINIC OF A TEACHING HOSPITAL

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Introduction: Patients with schizophrenia tend to have high rates of suicidal ideation (SI), which consists of thoughts of self-destruction, which increase the risk of self-extermination.

Objectives: To determine the prevalence of SI and investigate associated factors in a sample of patients with schizophrenia.

Methods: Descriptive and cross-sectional study, in which 49 patients with the condition were selected by convenience, treated at the Psychosis Outpatient Clinic of the Base Hospital of São José do Rio Preto/SP, between August/2021 and March/2022. The following were applied: 1) Sociodemographic Questionnaire, 2) Suicide Ideation Section of the Columbia Suicide Risk Assessment Scale (SISC-SSRS), 3) Suicide Risk Questionnaire from the Mini International Neuropsychiatric Interview (SRQ-MINI). Data were analyzed quantitatively (descriptive statistics and non-parametric tests; $p < 0.05$). The study was approved by the local Research Ethics Committee.

Results: The age of the participants ranged from 17 to 72 years (mean=45.8 \pm 14.02), most were male (n=34;69.4%), had not completed elementary school (n=25; 51%), did not have a paid job (n=41; 83.7%) and had a family income of up to three minimum wages (n=23;46.9%). 40.8% (n=20) reported at least one suicide attempt. According to the SISC-SSRS, in the last month: 22.9% (n=11) wished they were dead; 18.8% (n=9) thought about killing themselves; 12.5% (n=6) considered how they could perform the

act; 10.4% (n=5) had intention and active planning; and 10.4 (n=5) persisted for the purpose of execution. The mean of affirmative answers was equal to 0.75 (\pm 1.55). In turn, in the SRQ-MINI, 79.6% (n=39) had a score indicating low risk for suicide, 18.4% (n=9) high risk and 2% (n=1) moderate risk. The overall mean was 5.77 (\pm 10.31), which indicates a moderate risk for suicide. There was a non-significant negative correlation between the risk of suicide and the factors of education ($r = -0.20$; $p=0.15$) and family income ($r = -0.21$; $p=0.13$). There was a significant positive correlation ($r=0.81$; $p=0.0001$) between the SISC-SSRS and SRQ-MINI, which indicates that despite the adapted use of the instrument, there is consistency and reliability in the results.

Conclusions: The sample showed low rates of active SI and variation between low and moderate risk for suicide. SI should be asked to patients with schizophrenia, with a view to preventing suicidal behavior.

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ADDICTION AND THE EVOLUTION AND COMPLIANCE OF SCHIZOPHRENIC PATIENTS

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Introduction: Schizophrenia is a chronic illness, affecting approximately 1% of the general population. The more chronic a treatment is, the poorer the quality of adherence. In fact, approximately 60% of patients with schizophrenia are incompletely or non-adherent within one year of the first episode. Poor adherence has consequences in terms of clinical status, quality of life and psychosocial functioning due to associated relapses. One of the main factors of poor compliance is the use of addictive substances. Half of schizophrenic patients have, or have had, an addictive comorbidity during their life. Moreover, schizophrenic patients with addictive comorbidity have a more severe symptomatology and have more associated physical, psychological and social problems, representing a challenge in the management

Objectives: The objective of our work is to evaluate the impact of addictive comorbidity on medication adherence and relapse.

Methods: This is a cross-sectional study, carried out in patients with schizophrenia hospitalized or followed in ambulatory consultation, at the psychiatric hospital Ar-razi of Salé. The data collection (sociodemographic, clinical and therapeutic) is carried out by a questionnaire established for this purpose. The use of substances is evaluated according to the DSM-V criteria

Results: A total of 110 schizophrenic patients were followed or hospitalized, of which 61.8% had a substance use disorder. The average age of onset of substance use was 18 years. The duration of substance use ranged from 1 to 11 years and up to 49 years for tobacco and cannabis. 72% of the addicts tried to stop their use alone or in outpatient settings, only 17% in inpatient settings. The average duration of abstinence was 11 months and ranged from 1 to