

EPP1211

Hopelessness in patients with schizophrenia

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Introduction: Individuals with schizophrenia have a shortened average life expectancy, with a lifetime risk of suicide around 5%.

Objectives: Here we present a case of a patient diagnosed with schizophrenia who developed depressive symptoms with suicidal ideation, reactive to psychotic symptoms. Considering this specific case, the factors that contribute to the increased risk of suicide in these patients are reviewed.

Methods: Relevant clinical information was extracted from the patient's clinical process. In addition, we searched Pubmed^R database with the terms "Schizophrenia", "Hopelessness" and "Suicide".

Results: A 40-year-old male patient, single and unemployed presents a progressive psychotic condition, with 20 years of evolution, with an impact on social and work behaviour. As a background he has a history of depressive episodes with suicidal ideation at the age of 36, following psychotic symptoms. This is a patient with preserved cognitive functioning combined with a high level of education, who understands the impact of his reality on his functioning. In this context, he develops feelings of hopelessness, that are the risk factor for suicide, most consistently reported in patients with schizophrenia.

Conclusions: This case assesses a patient with schizophrenia who has several factors, that contribute to an increased risk of suicide, focusing on hopelessness. In the future, it may be interesting to study in more detail the individual weight of each factor, so that it is possible to accurately predict the individual risk of each patient and, consequently, it is possible to implement preventive strategies.

Keywords: Hopelessness; Suicide; schizophrénia

EPP1209

Quality of life in patients with the first-episode psychosis

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Introduction: The use of a modern biopsychosocial model of care for patients with schizophrenia dictates the need for a dynamic assessment of the quality of life of patients at different stages of the disease to identify targets for treatment and rehabilitation measures. It is especially important to determine the available targets in the early stages of the disease in order to select effective complex therapy and improve the clinical and social prognosis.

Objectives: To determine the socio-biological and clinical factors that have a significant impact on the quality of life of patients with first-episode psychosis.

Methods: The sample consisted of patients diagnosed with schizophrenia (n=58). The following research methods were used: 1) clinical-psychopathological; 2) quality of life assessment; 3) clinical-laboratory and functional research methods; 4) statistical. The QL-100 questionnaire was used as a tool for studying the quality of life. The PANSS scale was used to assess the severity of positive and negative syndromes.

Results: The most significant adverse impact on the quality of life indicators are the absence of family, lack of work, low material wealth, active consumption of psychoactive substances, the predominance of negative symptoms and the presence of concomitant somatic disease in the acute phase.

Conclusions: Early identification of problematic aspects of the quality of life in patients with the first-episode psychosis allows us to conduct effective treatment and rehabilitation measures for these patients.

Keywords: schizophrénia; first-episode psychosis; quality of life

EPP1210

Early intervention program for psychosis in a portuguese hospital: The first results of the open program

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Introduction: OPEN is a structured intervention program for patients who present with untreated psychosis at an early stage, under the guidance of a case manager and a periodic evaluation performed by a multidisciplinary team.

Objectives: The aim of the OPEN program is to create an individual care plan, promoting recovery, functionality, quality of life and prevent relapses. One year after implementation of the program, we present the first results.

Methods: We performed a retrospective review of the patients' clinical profiles included in the OPEN program.

Results: Nine patients were included in the program. The most frequent diagnosis was schizophrenia (n=5). By the time of inclusion in the program, 5 patients used cannabis frequently; one patient kept substance use. At the 6th month assessment, 4 in 5 patients showed an improvement in social functioning (Personal and Social Performance Scale; \pm 16 points), and a decrease in symptom severity in all (Brief Psychiatric Rating Scale; \pm 11 points). Due to COVID-19 pandemics, group interventions were suspended, and some visits were performed by teleconsultation. No patients lost follow-up.

Conclusions: We observed an overall positive result of the first months of this program, regarding both functionality and clinical outcomes. The main obstacle so far is the impossibility of performing group interventions since the start of the contingency measures regarding COVID-19 pandemics. We expect further results of the OPEN program with the inclusion of more patients.

Keywords: case manager; individual care plan