

## EPP1157

**Thirteen year follow up of long term treated psychotic disorder: Personality aspects**T. Fagerberg<sup>1\*</sup>, J.P. Gustavsson<sup>2</sup>, I. Agartz<sup>1</sup> and E. Jönsson<sup>1</sup><sup>1</sup>Department Of Clinical Neuroscience, Karolinska Institutet & Stockholm Health Care Services, Stockholm, Sweden and <sup>2</sup>Department Of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden

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**Introduction:** Psychotic disorders often cause a drastic change in the life situation of the affected individual. Personality is an aspect that can affect the symptoms and social function in psychotic disorders.**Objectives:** No study has examined stability of personality traits exceeding five years in patients with schizophrenia. The aim of this study was to investigate the stability of personality traits over a 13-year period among patients with psychotic disorder and healthy individuals and to evaluate case-control differences.**Methods:** At three occasions during a 13-year period patients with psychotic disorders (n=28) and non-psychotic individuals (n=57) completed Swedish universities Scales of Personality (SSP). For all the individuals within- and between-subject analyses were performed at three occasions for all 13 subscales and the three overall factors of SSP. Correlations, means and SDs were calculated.**Results:** Tests of within-subject correlations showed differences in two subscales: Lack of Assertiveness, which were influenced by age and Physical Trait Aggression, where patients ratings were stable, whereas controls rated themselves less aggressive at higher age. Between-subjects correlations showed differences regarding any of the parameters diagnosis, time, age, gender or age x gender in nine of the 13 subscales as well as in factor Neuroticism.**Conclusions:** Long term follow-up showed a generally high stability of personality traits measured with SSP, especially among patients. Between-subject analyses over the 13 years showed that patients differed compared to controls for the SSP factor Neuroticism as well as the subscale Detachment, which is in accordance with previous studies.**Keywords:** Swedish universities Scale of Personality (SSP); schizophrénia; Stability of personality traits; Personality

## EPP1154

**Implication of substance use in suicidal or violent behaviours in a first episode psychosis spectrum disorder population : A 45 patients retrospective study.**R. Bordas\*, C. Jourdan, C. Basso, E. Laffont, M. Pujol and L. Lamary  
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**Introduction:** In First Episode Psychosis (FEP), Suicidal Behaviours (SB), Violent Behaviours (VB) and substance use are frequent respectively 10% to 30%, 34.5% and 50% (Pompili et al., 2011), (Tournier et al., 2013). The role of substance use in facilitating SB and VB is described (Large et al., 2011).**Objectives:** We aim to evaluate the impact of substance use in FEP patients. Our hypothesis is that substance use is associated with more SB or VB before first admission.**Methods:** First admission files of 45 patients diagnosed ICD10 F20 to F29 during the 2013-2018 period were retrospectively studied. SB, VB and substance use (Cannabis, alcohol and opiate/cocaine) before admission were collected. Correlation between SB and VB were tested with cannabis, alcohol, opiate/cocaine use with chi2 Pearson independence test.**Results:** The frequencies of suicidal behaviours and violent behaviours were 25 % and 22.7 %. The frequencies of cannabis use, alcohol use, opiate/cocaine use were 56.1 %, 10 % and 16.3 %. A strong significant correlation was found between opiate/cocaine use and violent behaviour,  $p = 0.011$  Chi2 was 6.471 DF 1. No other significant correlations were found.**Conclusions:** Suicidal behaviours and violent behaviours are known to be more frequent in psychotic patients with addictive comorbidity. Our french rural hospital retrospective study confirms that violent behaviours in first admission psychotic patients are strongly associated with opiate/cocaine substance use comorbidity.**Keywords:** schizophrénia; Substance use; violence; Suicide

## EPP1157

**Follow-up of patients with delusional disorder in a specialized outpatient clinic over a 2-year period.**A. González-Rodríguez<sup>1\*</sup>, A. Guàrdia<sup>1</sup>, A. Alvarez Pedrero<sup>1</sup>, M. V. Seeman<sup>2</sup>, L. Delgado<sup>1</sup>, G.F. Fucho<sup>1</sup>, S. Acebillo<sup>1</sup>, J.A. Monreal<sup>1</sup>, D. Palao Vidal<sup>3</sup> and J. Labad<sup>4</sup><sup>1</sup>Mental Health, Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT, Sabadell, Spain; <sup>2</sup>Psychiatry, University of Toronto, Toronto, Canada; <sup>3</sup>Mental Health, Parc Taulí University Hospital. Autonomous University of Barcelona (UAB). I3PT. CIBERSAM, Sabadell, Spain and <sup>4</sup>Mental Health, Hospital of Mataró. Consorci Sanitari del Maresme. CIBERSAM., Mataró, Spain

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**Introduction:** In order to prevent relapse and increase medication adherence, primary care physicians and psychiatric inpatient units should consider referring patients with delusional disorder (DD) to specialized outpatient clinics for treatment and follow-up.**Objectives:** This poster describes a sample of DD patients referred to a specialized unit for DD and documents rates of follow-up care.**Methods:** Over a 2-year period, 29 individuals were consecutively referred to the Parc Taulí -Delusional Syndrome Working Group, which provides treatment and clinical care for patients with delusional disorders for a catchment area of nearly 450.000 inhabitants in Sabadell (Barcelona, Spain). Criteria for inclusion in the program are relatively flexible. Referred patients are evaluated at baseline and at 6 months following their first appointment. Treatment and case management are offered by a multidisciplinary team consisting of psychiatric, nursing, and social work personnel. Psychological interventions are also offered.**Results:** Of the 29 persons initially referred, 27 attended at least one scheduled appointment. Twenty-one out of the 27 patients received a confirmed diagnosis of DD (14 women, 7 men), 2 suffered from schizophrenia and 4 were diagnosed with other psychiatric disorders and referred to other programs: primary care (n=2), affective program (n=1) and addictions unit (n=1). A breakdown of DD subtypes follows: persecutory (n=10, 47.6%), jealous (n=4, 19%), somatic (n=5, 23.81%), mixed (n=2, 9.5%). Three patients with DD (14.3%) were lost to follow-up. Attendance rates of the 21 DD patients: 80.4% (Women: 77.67%, Men: 100%).