

18 years. 81% reported remission of the disease after abstinence. The hospitalization rate was 88.2% for addicts versus 85% for non-addicts. The number of hospitalizations was 180 for addicts versus 78 for non-addicts. The cumulative duration of hospitalization is 208 months against 96 months for addicts. The duration of remission is 5 months for addicts and 24 months for non-addicts. 71% of non-addicts patients have well observed their treatment against 57% of addicts

Conclusions: The weight of co-morbid addictions represents between 1/5 and 1/3 of the factors at stake in the compliance and the risk of relapse of patients suffering from schizophrenia. The development of specific care strategies for a global management of addiction and schizophrenia should be a priority.

Disclosure of Interest: None Declared

EPV0940

Schizophrenia: the announcement of the diagnosis

F. Azraf*, M. Chtibi, F. Laboudi and A. Ouanass

Arrazi Hospital, Faculty of Medicine and Pharmacy of Rabat, Sale, Morocco

*Corresponding author.

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Introduction: For many years, the question of the announcement of the diagnosis in psychiatry has been controversial. It is the starting point of a management allowing access to psychoeducation and to the patient's recovery. In the case of schizophrenia, the cognitive impairment and the stigmatizing nature of the pathology jeopardize the announcement of the diagnosis. However, recommendations and legislation emphasize the need to inform the patient about his or her pathology. In Morocco, the law n° 131-13 of February 19, 2015 relating to the practice of medicine has made information about the diagnosis to patients an obligation for doctors and a right for patients

Objectives: The interest of our work is to try to evaluate the current state of this practice, its ethics and its representations among psychiatrists.

Methods: This is a descriptive study on the announcement of the diagnosis of schizophrenia in a population of psychiatrists. The data collection was carried out by a questionnaire including: Socio-demographic and professional data, opinion on practice and training concerning diagnostic announcement in psychiatry, physicians' representations concerning announcement: frequency, opinion on the importance of this practice.

Results: 31 participants responded to our questionnaire. More than 9 out of 10 participants would not benefit from training on diagnostic announcement. Only 22.6% of physicians reported being very or somewhat familiar with medical information laws and their content regarding the regulation of diagnostic announcement. All participants considered schizophrenia to be the most difficult pathology to announce, followed by personality disorders and bipolar disorder. 74.2 of the participants considered it "rather" or "completely" essential to inform the patient of his or her psychiatric diagnosis. 77.4% of the participants considered it necessary to announce the diagnosis of schizophrenia and 80.7 often or systematically announce this diagnosis. Three situations considered appropriate to announce a diagnosis of schizophrenia: 74.2% announce it in general when the patient or the family asks for

information about the diagnosis, 42% advise the patient when he/she mentions schizophrenia on his/her own. The patient's functional inability to understand the diagnosis (77.4%) and the fear of negative clinical and therapeutic repercussions (41.9 and 38.7 respectively) were reported to deter physicians from making the announcement. More than half of the participants (64.5%) thought that the announcement of the diagnosis improved therapeutic compliance. Conversely, 35.5% considered that the announcement had no impact on therapeutic compliance.

Conclusions: The announcement of the diagnosis of schizophrenia remains today a complex and evolving subject. Even if great progress has been made to inform patients as well as possible, practices remain disparate from one doctor to another and this information is not well traced.

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EPV0941

Anxiety and depression in natural caregivers of patients with schizophrenia

F. Znaidi^{1*}, S. Ellouze² and R. Ghachem¹

¹Department Of Psychiatry, Razi Hospital of Manouba, Manouba and ²Department Of Psychiatry, Hedi Chaker University Hospital, Sfax, Tunisia

*Corresponding author.

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Introduction: Natural caregivers of patients with schizophrenia constitute a main source of care as they have to shoulder a multitude of caregiving responsibilities and are then confronted with considerable difficulties while providing care. As a result, natural caregivers, often described as "the hidden patients" usually suffer from psychological consequences such as anxiety and depression.

Objectives: This study aimed to assess anxiety and depression among natural caregivers of patients with schizophrenia and to identify risk factors for developing such disorders.

Methods: We conducted a cross-sectional, descriptive and analytical study, including 80 natural caregivers of patients with schizophrenia. We used the Hospital Anxiety and Depression Scale (HADS) to evaluate anxiety and depression.

Results: The typical caregiver profile was consistent with a 55-year old married illiterate first degree relative (mostly parents or spouses) with a low socio-economic level.

The mean anxiety score was 10.6 ± 5.1 and the mean depression score was 11.6 ± 6.2 . Depression and anxiety were diagnosed in 66% of caregivers.

Anxiety and depression scores were significantly higher among female illiterate unemployed caregivers, those with organic history and among parents and correlated with the caregiving duration.

Anxiety scores were higher when patients in charge had poor therapeutic adherence and aggressive behavior and correlated with the age of caregivers and the number of other sick persons in charge. Caregivers reported higher levels of depression when patients in charge were not married, unemployed and had a history of suicide attempts.

Anxiety score were significantly correlated with depression scores.

Conclusions: Caregivers of patients with schizophrenia, although thought to be a privileged source of emotional and social support,

are hardly taken into account following the deinstitutionalization movement.

Disclosure of Interest: None Declared

EPV0942

Management of comorbid schizophrenia with prolactinome (about a case)

F. Z. Chamsi^{1*}, H. ABERBAK², S. Radi² and A. el ammouri²

¹psychiatry department, university hospital tangier morocco, casablana and ²psychiatry department, university hospital tangier morocco, Tanger, Morocco

*Corresponding author.

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Introduction: Prolactin adenoma, called “prolactinoma” is a benign neoplasm, it is the most common secreting pituitary tumor, and represents up to 40% of all pituitary adenomas. More than 90% are small intrasellar tumors which rarely increase in size.

Objectives: the problem of management lies in how to stabilize the patient on a psychiatric level without increasing the level of prolactin.

Methods: We report the case of a young woman who presented a comorbid schizophrenia with a prolactinoma. We will try through this clinical vignette to study the different pillars of management of such pathologies.

At the same time, we did a literature review. The main search engines used were Pubmed, medline, and Science Direct. The keywords Prolactinoma schizophrenia olanzapine

Results: This is Mrs. N. Q., 39 years old She is single, an engineer but currently without a profession, from an average socio-economic level of a teacher father and a housewife mother. She is the 3rd of his siblings of 6. She is currently hospitalized at Ar-razi Tanger hospital for treatment of decompensation of her chronic psychotic disorder. The patient would have been born following a premature delivery of 34 weeks. For her antecedent, she was followed for asthma since her childhood. Her mother and her maternal grandfather would have been psychotic. The history of the disease dates back to 2017. The patient suffered from headaches resistant to any treatment. The patient would have consulted a neurologist. Magnetic resonance brain imaging would have been requested, which objectified at the left latero-pituitary level a lesional process of 7 mm discretely intense in T2, hypo-intense in T1 and not enhanced by Gd reflecting a pituitary micro adenoma. The patient was put on Cabergoline (Dostinex®). So the psychiatric symptomatology dates back to the end of 2019, by behavioral problems, social withdrawal, she will have stopped all professional activity. At the same time, she will have stopped all medication (Cabergoline). In 2020, the patient would have been hospitalized for the first time at the Ar-razi Tanger psychiatric hospital. The diagnosis of schizophrenia was retained according to the DSM 5 criteria. After a stay of 5 weeks, the patient would be stabilized on olanzapine 20mg/d. Currently, and following non-compliance with treatment (because of adverse effects such as amenorrhea and galactorrhea), the patient has returned, suffering from a relapse, justifying her second hospitalization. During his stay, a check-up would have been requested to

show hyperprolactinemia 3 times normal. We therefore switched to Aripiprazole.

Conclusions: We have proposed an approach to the management of patients with comorbid schizophrenia and prolactinoma, an approach that balances the benefits and risks of managing the psychiatric stability of the patient on antipsychotics with the management of prolactinoma and symptoms. of hyperprolactinemia.

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EPV0943

Role of peripheral markers of inflammation in cognitive dysfunction in schizophrenic patients: a systematic review

F. Ben Othman*, A. Aissa, A. Adouni, Z. Yosra, U. Ouali and R. Jomli

Psychiatry, Razi Hospital, Tunis, Tunisia

*Corresponding author.

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Introduction: Schizophrenia (SCZ) is a chronic mental illness characterized by a rich and diverse symptomatology. A generalized cognitive deficit has been widely recognized among the symptoms of this disease. Several authors have studied the relationship between peripheral markers of inflammation and cognitive dysfunctions in order to explain the etiopathogeny of these disorders.

Objectives: The aim of our study is to better comprehend the nature of the relation between peripheral markers of inflammation and cognitive dysfunctions.

Methods: A systematic review of the literature was conducted following the guidelines provided by the PRISMA method. We performed a systematic search focused on two automated bibliographic databases: Pubmed and Google Scholar including the following keywords: “inflammation”, “schizophrenia”, “cognition”

Results: A total of 17 articles were included.

Significant relations with cognitive function were reported with IL-6, IL-18, IL-2, IL-8, tumor necrosis factor α (TNF- α) and chemokines. Memory was the cognitive domain where the most significant relations with cytokines were objectified.

BDNF levels were correlated with cognitive tests in 5 studies of SCZ populations. The domains concerned were inhibition, flexibility, verbal fluency, verbal memory, attention, and processing speed.

Elevated CRP in patients with SCZ was reported by all studies and a significant relation with cognition in 3 studies. This relations is objectified in the areas of memory, executive functions and processing speed.

The relations between CRP, BDNF, cytokines and cognitive functions was inconsistent across studies.

Conclusions: The majority of the results observed during the review were in favor of a significant relation between CRP, BDNF and cytokines. Nevertheless, these results were not constant and heterogeneous. It would be interesting to better explore the nature of this relation through prospective studies in order to establish therapeutic perspectives.

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