

situation frequently triggers clinical worsening and hospital admission. Therefore, non-adherence may result in poorer long term clinical outcomes and has economic implications for health-care providers (Carlos De las Cuevas et al. *Neuropsychopharmacol Hung* 2021; 23(4):347-362).

**Objectives:** - To describe the adherence to oral and long acting injectable treatment in the sample of patients that were admitted to the short stay hospital unit during the period of study.

- To describe the adherence to treatment amongst psychiatric diagnosis in the sample of study.

**Methods:** It was a retrospective observational study with a duration of three months. Data was collected from all patients admitted to the short stay hospital unit during the period of study and there were no specific exclusion criteria. Descriptive statistics were performed. To assess the adherence to pharmacological treatment the patient report, the family report and the pharmacy dispensation according to the existent informatic prescription platform was considered. Regarding the long acting injectable treatment the formulary of administration in the clinical history was checked.

**Results:** During the period of study 172 patients were admitted to the short stay hospital unit. Of those, 146 patients had a previous pharmacologic prescription. Data of treatment was not possible to obtain in 7 patients. In the sample of study, 83.5% were on oral and 16.5% on long acting injectable treatment. The general adherence to treatment in the sample was 61.87%. In the oral treatment group the adherence was 58.4% and in the long acting injectable treatment group was 65.2%.

Amongst the different psychiatric diagnoses the outcomes of adherence to treatment were: 60.4% in schizophrenia and related psychosis, 62.5% in bipolar disorder, 78.6% in depression, 58.3% in personality disorders and 62% in addictive disorders.

**Conclusions:** In our descriptive study adherence to treatment was higher in the long acting injectable treatment group, agreeing with the existent scientific literature.

The results of adherence for schizophrenia and bipolar disorder are similar to the ones found in scientific literature but differ from the ones for depression, being higher in our sample (Judit Lazary et al. *Neuropsychopharmacol Hung* 2021;23(4): 347-362). Moreover, in scientific literature it is found a similar prevalence of adherence across diagnosis (for schizophrenia, bipolar disorder and depression) whereas in our sample patients with depression showed a different and higher adherence to treatment (Judit Lazary et al. *Neuropsychopharmacol Hung* 2021;23(4): 347-362). In our sample, patients with personality disorders had the lowest adherence to treatment.

**Disclosure of Interest:** None Declared

## EPP0225

### Latent classes based on clinical symptoms of military recruits with mental health issues and their distinctive clinical responses to treatment over a 6-month duration

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**Introduction:** In South Korea, all men at the age of 18 or older are required to serve at military for a certain period as an obligation. These recruits should be able to withstand psychological stress and

pressures of rapid adaptation of the unique and new environment in military.

**Objectives:** The current study attempted to identify distinct subgroups of patients referred for military service suitability and further to investigate whether there is a difference in clinical features such as treatment responsiveness and prognosis among those subgroups.

**Methods:** Subjects were male patients aged 18 to 28 years who visited the department of psychiatry at the University Hospital for evaluating mental health problems related to military service. We conducted a latent profile analysis (LPA) using 10 clinical scales of MMPI-2 as an indicator variable to investigate the subgroups of subjects. The clinical state of subjects was assessed with CGI-S and GAF scale for three time point (0, 3, and 6 month).

**Results:** The results showed that the best fitting model corresponded to a three-class model: each class was named 'Class 1: mild maladjustment', 'Class 2: neurotic depression and anxiety', and 'Class 3: highly vulnerable and hypervigilant' respectively. Subsequent analysis was also carried out to identify changes in clinical symptoms and functional level across treatment time of each subgroup identified in LPA. We demonstrated that the three subgroups displayed differential characteristics in treatment responsiveness and clinical course evaluated by CGI-S and GAF over a treatment period of 6 months. Three subgroups indicated significant differences in the number of medications prescribed as well. Class 3 had more antidepressants and anxiolytics on use than Class 1 and 2. Antipsychotic agents and a combination of three antidepressants were prescribed more frequently in Class 3 than in Class 1 and 2.

**Conclusions:** While Class 1 and 2 significantly improved over 6 months, Class 3 showed little or no improvement in our clinical parameters even with more medications. This study has a clinical significance that it has classified qualitatively different subgroups within the sample by conducting LPA with clinical profiles of MMPI-2 and provides a basis for comprehensively understanding their differentiated clinical features. This study suggests clinical implications for treatment plan and intervention of each subgroup classified based on MMPI-2 clinical profiles of military recruits who might show maladjustment to serve.

**Disclosure of Interest:** None Declared

## EPP0226

### Attitude of Albanian psychiatrists towards their patients

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**Introduction:** Erving Goffman described stigma as an attribute considered to be undesirable and unpleasant by society and which differentiates the stigmatised person from other members of the community that he or she should belong to. (Hankir AK, et al., 2014). Mental illness has been always associated with stigma,