

ment Questionnaire, Internalized Stigma of Mental Illness Scale, Temperament and Character Inventory, Adult Dispositional Hope Scale, Drug Attitude Inventory, Liebowitz Social Anxiety Scale, Beck Depression Inventory – II, and Beck Anxiety Inventory.

**Results** The quality of life was significantly higher in employed patients, and individuals with higher hope, self-directedness, and persistence. The quality of life was lower among the patients with higher number of hospitalizations, those with higher severity of the disorder and individuals who were taking more medication. The patients with more pronounced symptoms of depression, anxiety, and social anxiety had a lower quality of life. Finally, the quality of life was lower among the individuals with higher harm avoidance, and self-stigmatization.

**Conclusions** Detection of the quality of life in the context of personality traits, hope, self-stigma and demographical and clinical factors may be an important part of the treatment of patients with schizophrenia.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.436>

#### EW0823

### Negative aspects of self-stigma in patients with schizophrenia spectrum disorders

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**Introduction** Most individuals diagnosed with schizophrenia must cope with some form of stigmatization. Different types of public stigma, self-stigma and label avoidance, may have negative consequences for these individuals.

**Objectives** The aim of the study was to search the degree of self-stigma in schizophrenia and its association with the clinical and demographic factors.

**Methods** One hundred and ninety-seven stabilized outpatients diagnosed with schizophrenia spectrum disorders participated in the study. The mean age of the sample was 40 years. All individuals completed the Internalized Stigma of Mental Illness Scale (ISMI) and a demographic questionnaire. The disorder severity was assessed both by a psychiatrist (objCGI-S: the objective version of Clinical Global Impression – Severity scale) and by the patients (subjCGI-S: the subjective version of Clinical Global Impression – Severity scale).

**Results** The total score of the ISMI positively correlated with the severity of the disorder measured by the objCGI-S and the subjCGI-S. Additionally, the self-stigma positively correlated with the treatment duration, and the number of hospitalizations. The regression analysis identified these regressors as the most relevant to the self-stigma – the number of hospitalizations, the severity of the disorder rated by a psychiatrist, and the difference between the objective rating and the subjective rating of the severity of the disorder.

**Conclusions** Outpatients with psychosis, who have undergone a higher number of hospitalizations, dispose of a higher severity of the disorder and show a bigger discrepancy between their rating of

the severity and the psychiatric rating, display a greater degree of self-stigma.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.437>

#### EW0824

### Therapy initiation during a first acute episode psychosis in the psychiatric department of Mahdia

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**Introduction** The quality of the therapeutic care during a first episode psychosis (FEP) determines the middle- and long-term prognosis.

**Objectives** The aim of our study is to describe the therapeutic attitudes in front of a FEP and discuss them according to current international recommendations.

**Methods** This is a retrospective descriptive study. All patients with a FEP, hospitalized in the psychiatric department of the university hospital, Mahdia during the period from 15 May 2000 to 31 December 2013 have been included.

**Results** We recruited 111 patients. The average age was 27 years, a male predominance was noted. Initially, the majority of patients were treated in monotherapy (55.9%) and mostly with typical antipsychotic drugs (80.2%), by injection. Among those under association, 63.4% received corrective treatment and 26.8% a benzodiazepine. The prescription of a mood stabilizer and an antidepressant was noted in respectively 5.6 and 2.8% of cases. The majority of patients received typical antipsychotic drugs (53.1%) while 39.6% were under atypical antipsychotic. The follow-up period, after which a reduction of the antipsychotic dose was decided, ranged from 1 to 66 months with an average of 8.26.

**Conclusion** The progression to a chronic psychosis, still has a severe connotation. The Early and adequate therapeutic care in accordance with the international recommendations, determines the prognosis and constitute a decisive moment in the evolutionary trajectory of the disease.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

<http://dx.doi.org/10.1016/j.eurpsy.2017.02.438>

#### EW0825

### Effectiveness of health checks to improve the physical health of people with severe mental illness in secondary care: A single blind cluster randomised controlled trial

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