O0138

Sexual dysfunctions, internalized stigma and quality of life in patients with schizophrenia

A. BEJAR*, N. SMAOUI, I. GASSARA, R. FEKI, S. OMRI, M. MAALEJ BOUALI, N. CHARFI, J. BEN THABET, L. ZOUARI and M. MAALEJ

psychiatry "C", Hedi Chaker university hospital, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.337

Introduction: Schizophrenia is a chronic psychotic disorder characterized by a high prevalence of sexual dysfunctions (SD). SD can affect the quality of life (QOL) of patients, cause low self-esteem and self-stigma.
Objectives: To evaluate the sexual functioning, the QOL, and the internalized stigma among outpatients with schizophrenia.
To determine the links between SD, the QOL, and the internalized stigma.
Methods: A cross-sectional, analytical study was conducted between Mars and September 2019. It included 53 outpatients with schizophrenia in clinical remission for at least two months.
We used the Arizona Sexual Experiences Scale (ASEX) to assess sexual functioning, the Internalized Stigma of Mental Illness scale (ISMI) to assess the subjective experience of stigma, and the 36-item Short-Form Health Survey (SF-36) to evaluate the QOL.
Results: The average age of patients was 42.28 years old, and their sex ratio was 3.81. The average ASEX score was 19.77±5.99, and 67.9% of participants had at least one SD.
The mean ISMI score was 2.47±0,34. 60,4% of patients had a high level of internalized stigma. The QOL was impaired in 66% of the cases.
We found correlations between SD and a high level of internalized stigma (p=0.011) and its subscales «alienation » (p=0.013), «stereotype endorsement» (p=0.034) and « discrimination experience» (p =0.001).
SD correlated with impaired QOL (p<0.001), emotional limitation (0.050), and social functioning (0.031).
Conclusions: Our study highlights the importance of the impact of SD on the prognosis of schizophrenia through internalized stigma and altered QOL.

Disclosure of Interest: None Declared

O0137

The relationships between sexual dysfunctions, psychopathology and treatment in patients with schizophrenia

A. BEJAR*, N. SMAOUI, R. FEKI, I. GASSARA, S. OMRI, N. CHARFI, J. BEN THABET, L. ZOUARI, M. MAALEJ BOUALI and M. MAALEJ

psychiatry "C", Hedi Chaker university hospital, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.338

Introduction: Sexual dysfunctions (SD) are common in patients with schizophrenia. The link between schizophrenia and sexuality is complex. Studies have shown that SD can be linked to the side effects of antipsychotic medications, but also to symptoms of illness.
Objectives: To identify the clinical and therapeutic factors associated with SD in outpatients with schizophrenia.
Methods: A cross-sectional and analytical study was conducted between Mars and September 2019. It included 53 outpatients with schizophrenia in clinical remission for at least two months.
We used the Positive and Negative Symptom Scale (PANSS) to assess clinical symptoms and the Arizona Sexual Experiences Scale (ASEX) to assess sexual functioning.
Results: The average age was 42.28 ±10.49 years old. The sex ratio was 3.81. The mean age of onset was 27.09±5,46 years. The mean duration of illness was 18.11±9.29 years. First-generation antipsychotics were prescribed in 77.4% of cases, while second-generation antipsychotics were prescribed in 39.6% of cases.
The average ASEX score was 19.77±5.99, and 67.9% of participants had at least one SD. the analytical study revealed significantly higher average scores for the PANSS-negative subscale (p=0.006) and the PANSS total score (p=0.04) in patients with SD. SD correlated with first-generation antipsychotic treatments (p=0.02).
Conclusions: Our results show that SD are frequent in patients with schizophrenia and that they are related to the severity of the symptoms, in particular the negative symptoms of illness, and the prescription of first-generation antipsychotics.

Disclosure of Interest: None Declared

O0138

The risk of developing diabetes during antipsychotic drug treatment: A nationwide study among 31,856 patients with schizophrenia

N. Marker Madsen[1]*, O. Köhler-Forsberg[2], C. Garne Rohde[2], A. Aalkjær Danielsen[2] and O. Mors[2]

[1]Aarhus University Hospital Psychiatry, Aarhus, Denmark and [2]Aarhus University Hospital Psychiatry, Aarhus
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.339

Introduction: Antipsychotics (AP) are the primary pharmacological treatment for schizophrenia but increase the risk for diabetes, with recent meta-analyses indicating important differences between specific APs. However, these findings are based on randomized clinical trials, which only include 20% of patients seen in everyday clinical settings, and are hence prone to selection bias.
Objectives: We aim to investigate 1) the actual risk of developing diabetes in patients treated with APs using real-world data and 2) whether there are risk differences between specific APs.
Methods: We conducted a retrospective cohort study using Danish nationwide healthcare registers. We identified all individuals receiving a schizophrenia diagnosis from January 1, 1999, to January 1, 2019 and an age- and sex-matched reference population from the general population. The primary outcome was diabetes, identified via hospital discharge diagnoses and redeemed prescriptions for glucose-lowering drugs. First, we compared the risk of developing diabetes between patients with schizophrenia and the age- and sex-matched reference population. Second, among the patients with schizophrenia, the association between AP drug treatment and the risk of diabetes were analyzed. Third, risk

differences for developing diabetes between specific AP drugs were investigated. We used cox regression for all analyses, the latter adjusted for age, sex, year of schizophrenia diagnosis, Charlson Comorbidity Index (CCI), occupational status, marital status, education and schizophrenia severity (use of antipsychotics, antidepressants, anxiolytics/hypnotics/sedatives, mood stabilizers and number of psychiatric admissions in the year preceding the diagnosis of schizophrenia).
Results: We identified 31,856 patients with schizophrenia and 159,280 reference individuals. Patients with schizophrenia had an increased risk of developing diabetes compared with the reference individuals (unadjusted HRR: 3.12, 95%CI: 2.98-3.28). Treatment with AP in patients with schizophrenia, compared to periods with no AP use, was associated with an increased risk of developing diabetes (adjusted HRR: 2.04, 95%CI: 1.75-2.38). This risk was particularly increased among individuals treated with lurasidone (HRR: 2.66, 95%CI: 1.10-6.42), sertindole (HRR: 2.10, 95%CI 1.51-2.93), paliperidone (HRR: 1.84, 95%CI 1.47-2.31), clozapine (HRR: 1.74, 95%CI 1.49-2.03) and aripiprazole (HRR: 1.54, 95%CI 1.35-1.75), whereas treatment with zuclopenthixol (HRR: 1.00, 95%CI 0.82-1.23), flupentixol (HRR: 0.71, 95%CI 0.40-1.25) and pimozide (HRR: 0.74, 95%CI 0.31-1.78) were not associated with an increased risk of diabetes.
Conclusions: This real-world study indicates differences in the risk of developing diabetes between specific AP compounds. Further analyses will be presented at the conference.

Disclosure of Interest: None Declared

O0139

Violence and psychosis: Clinical evidences from an Early Intervention Program

O. Mentxaka[1,2,3], M. Recio-Barbero[2,3]*, E. Arana-Arri[4] and R. Segarra[1,2,3,5]

[1]Department of Psychiatry, Cruces University Hospital; [2]Early Stages of Psychosis Group, Biocruces Bizkaia Health Research Institute, Barakaldo; [3]Department of Psychiatry, University of the Basque Country, Leioa; [4]Scientific Coordinator, Biocruces Bizkaia Health Research Institute, Barakaldo and [5]Centro de Investigación Biomédica en Red de Salud Mental, CIBERSAM, Leioa, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.340

Introduction: Psychotic disorders are frequently linked to a public perception of dangerousness and propensity to engage in violent acts. Despite efforts to demystify these disorders, the evidence on the relationship between violence and psychotic disorders is mixed. Together with media coverage of violent crime associating violence with the occurrence of a mental disorder, such a situation has contributed to the social stigmatisation of people with severe mental disorders and the consequent discrimination that this scenario entails. Despite efforts to demystify such disorders, the association between violent behaviour and psychosis remains unclear.
Objectives: This study aims to explore the incidence and main clinical characteristics associated to violent offences recorded in a cohort of patients presenting a First-Episode Psychosis (FEP).
Methods: Patients presenting with an affective or non-affective first psychotic episode were recruited from the First Episode Psychosis Intervention Program (CRUPEP) cohort between 2009 and 2016. The main clinical variables were collected, including medical-forensic records of patients registered at the Basque Institute of Forensic Medicine (BIFM), to retrieve any violent acts in which patients with FEP were involved, either as victims or as offenders.
Results: Overall, 79.5% (n=182) of CRUPEP patients had no violent record of crime or offence recorded in the BIFM. Annual crime rates for the 2009–2016 period show a decreasing trend in both the general population (IRR=0.981 (95%CI=0.978–0.983) p<0.001) and in patients with FEPs (IRR=0.019 (95%CI=0.012–0.028) p<0.001); this pattern is more pronounced the FEP group. Victimisation accounted for the vast majority of reported incidents; nevertheless, patients who have committed violent offences were mostly involved in intrafamily violence
Conclusions: Patients with FEP were not involved in a higher number of crime rates than the general population. The types of violent acts committed by FEP patients were heterogeneous, with extreme violence being particularly uncommon.

Disclosure of Interest: None Declared

O0140

The neuroscience of formal thought disorder - the state of the art

E. Dornelles* and D. Telles-Correia

CLINICA UNIVERSITÁRIA DE PSIQUIATRIA E PSICOLOGIA MÉDICA, FACULDADE MEDICINA UNIVERSIDADE DE LISBOA, Lisboa, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.341

Introduction: Even though the construct of Formal Thought Disorder (FTD) is an ambiguous and disputed one, it has endured as a fundamental psychopathological concept in the clinical coalface of Psychiatry. FTD can be summarized as a multidimensional concept, which reflects difficulties or idiosyncrasies in thought, language, and communication in general. It is usually subdivided into positive versus negative and objective versus subjective, and it can be a major challenge for both mental health professionals and patients themselves.
Objectives: In this presentation, we aim to explore the latest neuroscientific findings regarding FTD and its putative neurobiological substrate, ranging from the synaptic and neurotransmitter level to the structural and functional one, briefly considering some of the linguistic and neuropsychological implications.
Methods: We conducted a thorough narrative review by researching the Pubmed database using the following search string: "formal thought disorder"[Title/Abstract] and selecting only those articles published after 2010. Afterwards, we summarized the main findings from the gathered information.
Results: Some of the most consistent findings in current meta- and mega-analyses of structural MRI studies in patients with schizophrenia and FTD are volume reductions of regional grey matter in the frontal operculum and the language-related lateral temporal cortices, namely the left superior temporal gyrus and middle temporal gyrus. Another consistent finding is the so-called reversed lateralization of the temporal cortices. Regarding functional MRI studies of FTD, amongst the most common implicated regions are the bilateral superior and middle temporal gyri, the fusiform gyrus and the inferior frontal gyrus. Alterations in the glutamatergic,