

this purpose, we will illustrate a case report of a patient admitted in the emergency room.

Methods: The authors have conducted online research in PubMed with the words “Delusional parasitosis” “delusional infestation”, “Ekbom syndrome”, from the outcome, the articles considered to be relevant were collected and analyzed.

Results: Delusional parasitosis can be classified into primary delusional parasitosis without other psychiatric or organic disorders present, secondary – functional (secondary to several mental disorders such as schizophrenia, depression, dementia, anxiety, and phobia), and organic forms (associated with hypothyroidism, anaemia, vitamin B12 deficiency, hepatitis, diabetes, infections (e.g., HIV, syphilis), and cocaine abuse. It is most commonly seen in middle-aged women. The patients became frequently socially isolated, prone to the development of depression symptoms.

Conclusions: This syndrome often presents a high level of psychosocial morbidity. Patients often seek dermatologists help in the first place, although there is no medical evidence. Psychiatrists play a major role in the diagnosis and treatment of these patients. Psychopharmacological therapy is quite challenging because of the patient’s belief that they have a parasitic infestation and not a psychiatric condition.

Keywords: Delusional parasitosis; delusional infestation; Ekbom syndrome

EPP1235

Assessment of hospitalizations in schizophrenia patients treated with paliperidone 1-monthly (PP1M), paliperidone 3-monthly (PP3M), aripiprazole once-monthly (AOM) and other oral antipsychotics (OAP) in clinical practice.

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doi: 10.1192/j.eurpsy.2021.1438

Introduction: It has been shown that long-acting treatments can significantly improve adherence, control symptom, and reduce the risk of relapse compared to oral drugs. However, limited real world evidence is available as to whether there are differences among the various formulations marketed.

Objectives: This study aims to assess the impact on several prognosis variables of PP1M, PP3M, AOM and OAP drugs.

Methods: All adults (≥ 18 years) with schizophrenia who were initiated on PP1M, PP3M, AOM, or OAP treatment (chlorpromazine, levomepromazine, fluphenazine, haloperidol, ziprasidone, zuclopenthixol, olanzapine, quetiapine, asenapine, amisulpride, risperidone, aripiprazole, paliperidone) between 2017 and 2018 were identified in IQVIA’s database (1.8M of inhabitants from 4 Spanish areas). The rate of hospitalizations, emergency room visits, and treatment persistence was calculated using the Kaplan-Meier method. Survival curves were compared using the log-rank test (Sidak-adjustment), and Cox’s Hazard Ratios (HR) were used for the comparison between groups.

Results: Data from 2275 patients were analyzed (PP1M= 387; PP3M=490;AOM=75;OAP=1323).The mean age of patients was 46.8(14.95) years, and 62.9% were male. The hospitalization rate at 12 months was significantly lower ($p<0.01$) for PP3M (8.3%) than for AOM (21.2%), PP1M (22.1%),and OAP (29.4%).When compared with PP3M use, the HRs were 2.17 for PP1M, 2.22 for AOM,and 2.90 for OAP. Emergency room visits rate at 12 months was also significantly lower ($p<0.01$) for PP3M (23%) than for PP1M (36.9%), OAP (43.5%),and AOM (46.2%). Persistence rates were higher for PP3M (91%) than for any other treatment ($p<0.01$).

Conclusions: Our results outline that patients treated with PP3M experienced fewer relapses and decompensations compared to all other treatments analyzed, which might help improve the prognosis and quality of life of patients.

Conflict of interest: This study was sponsored by Janssen. M. García and P. López are employees of Janssen.

Keywords: Relapse prevention; schizophrenia; Antipsychotics; Long-acting Antipsychotics

EPP1236

Values and implicit self-stigmatization among people with mental disorders

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doi: 10.1192/j.eurpsy.2021.1439

Introduction: People with mental disorder can share negative stereotypes, related to mental disorders. This might cause self-stigmatization, which is negatively related to quality of life and compliance with treatment. This self-stigmatization can be non-conscious or implicit, which might complicate its detection and further therapy.

Objectives: In present study we investigated the role of values in implicit self-stigmatization among 40 women diagnosed with schizophrenia (mean age 23.77 years ± 6).

Methods: Participants completed the Portrait Value Questionnaire (Schwartz, 2003) and two brief implicit association tests (BIAT), measuring implicit self-esteem and attitudes towards mental disorders (Corrigan et al., 2010). The results of two BIATs were combined as a measure of implicit self-stigmatization.

Results: A linear regression model was built. Four values (self-enhancement, self-transcendence, openness to change and conservation values) were entered as independent variables, while implicit self-stigmatization – as dependent variable. It was found that self-transcendence values were marginally negatively related to implicit self-stigmatization ($b=-.122$, $\beta=-.398$, $SE=.064$, $p=.067$), while other values were not significantly related to it ($ps>.125$).

Conclusions: Self-transcendence values – values related to the well-being of others, which include tolerance, altruism and protection for the welfare of all people and for nature – are negatively related to implicit or non-conscious self-stigmatization. This finding, although marginally significant, is in line with previous studies. Previous studies showed that self-transcendence values are also negatively associated with explicit or conscious self-stigmatization (Lannin et al., 2020). Thus, these values can be targets for programs

which aim to decrease self-stigmatization tendencies among patients with mental illness.

Keywords: values; self-stigmatization; implicit self-stigmatization; schizofrénia

EPP1237

Determination of cognitive domain involvement in a sample of patients diagnosed with schizophrenia and cardiovascular risk factors.

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doi: 10.1192/j.eurpsy.2021.1440

Introduction: Schizophrenia it's a deteriorating illness, where the cognitive impairment it's one of the predominant components in this process. Theory of neurodevelopment, the most widely recognized, explains that cognition will depend most of it, on premorbid development. However, other factors explain this impairment, such as the cardiovascular risk factors (CVRF).

Objectives: The purpose of this study is to determine cognitive impairment and the domains affected in a sample of patients who suffered schizophrenia and almost one CVRF.

Methods: Cross-sectional study. Patients diagnosed with schizophrenia and at least one poorly controlled CVRF (diabetes, hypercholesterolemia, arterial hypertension or active smoking) were selected. Screen for Cognitive Impairment in Psychiatry (SCIP) scale was used to evaluate cognitive impairment and the domains affected.

Results: Preliminary data of twenty patients were included (60% men, mean age: 50 years). At CVRF in the sample, no diabetes was found, 75% had hypercholesterolemia, 15% arterial hypertension and 20% active smoking. SCIP scale showed deficits in word learning and delayed learning in 95% of the sample (n=19). The domain less affected was verbal fluency, affected in 55% of the sample (n=11). Additionally, moderate to severe cognitive impairment was observed in 65% of the sample (n=13).

Conclusions: More than half of the patients with schizophrenia and CVRF have a moderate to severe cognitive impairment. Intervention at CVRF could reduce the severity of cognitive impairment, improving functionality in these patients.

Keywords: schizofrénia; cognitive impairment; cognitive domains; cardiovascular risk

EPP1238

Schizoaffective disorder: Nosological controversies and absence of specific treatment guidelines.

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doi: 10.1192/j.eurpsy.2021.1441

Introduction: Schizoaffective disorder is a psychotic disorder of controversial nosological entity. Affective symptomatology and psychotic features of varying intensity coexist simultaneously in him throughout evolution. The lack of consensus on the existence of this entity determines its diagnostic delay and the absence of specific treatment guidelines.

Objectives: To review the diagnostic criteria for schizoaffective disorder and the published scientific evidence on the efficacy and safety of the different therapeutic options available. To analyze the efficacy of a multidisciplinary treatment plan implemented in an intensive follow-up program, presenting the evolution of a clinical case.

Methods: To review the psychiatric history and psychopathological evolution of a patient diagnosed with schizoaffective disorder from the beginning of an intensive follow-up program in a day center to the present. Review the existing scientific evidence on the usefulness of the treatments used in this nosological entity.

Results: This is a longitudinal and retrospective study of a clinical case in which the areas for improvement are analyzed before implementing a multidisciplinary therapeutic program and the favorable results obtained today. Currently, the patient is euthymic and attenuated and chronic positive and negative symptoms persist that do not interfere with his functionality.

Conclusions: From the implementation of an individualized, personalized and multidisciplinary maintenance treatment plan, an overall improvement in psychopathological stability and functional recovery is observed. Among the psychopharmacological options in this patient, Paliperidone Long Acting Injection (PLAI) stands out for its long-term efficacy and safety.

Keywords: schizoaffective disorder; Paliperidone Long Acting Injection (PLAI); multidisciplinary treatment plan; nosological controversies

EPP1239

Bleuler's a or autism spectrum disorder in adults?

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doi: 10.1192/j.eurpsy.2021.1442

Introduction: Nowadays we know that autism spectrum disorders (ASD) and Schizophrenic spectrum (SS) are different types of disorders in their etiology, symptoms and prognosis, but the clinical distinction is often difficult to make due to comorbidity and similar symptoms.

Objectives: With this project, the authors intend to explore the differential diagnosis between ASD and SS specially when we talk about critical ages of onset.

Methods: An analysis of articles searched on Pubmed (articles between 2010-2020) with the key words "adult autism", "childhood onset schizophrenia", "childhood psychosis".

Results: Early-onset schizophrenia (EOS) is defined as occurring before age 18 years. The condition share key diagnostic symptoms with adult-onset schizophrenia (AOS) but his prognoses and comorbidities differ. Autism spectrum disorder (ASD) is a common neurodevelopmental disorder characterized by difficulties since early childhood across reciprocal social communication and