

positively associated with depressive patients (respective p : $p=0.002$, $p<0.001$, $p=0.025$, $p=0.001$ and $p=0.003$) while stigma resistance was negatively correlated with depression ($p<0.001$).

Conclusions: Our results confirmed that internalized stigma is associated with impaired QoL and depression in stabilized patients with schizophrenia-spectrum diagnosis.

Keywords: internal stigma; schizophrenia; Depression; quality of life

EPP1161

Mothers with schizophrenia: Treatment, quality of life and motherhood experience

S. Pérez Sánchez^{1*}, I. Martín Herrero¹, M.A. Cutillas Fernández¹, A. Crespo Portero² and D. Raya Güimil¹

¹Servicio De Psiquiatría, Servicio Murciano de Salud, Murcia, Spain and ²Servicio De Psiquiatría, Servicio Murciano de Salud, Lorca, Murcia, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1375

Introduction: Schizophrenia is a chronic disease that deteriorates the functionality of patients, especially when forming a family and taking care of children. We are interested in analyzing the characteristics of mothers with schizophrenia and their degree of global activity when going from oral treatments to injectable treatments.

Objectives: 1 To assess the quality of life and functional level of mothers with schizophrenia receiving paliperidone treatment. 2. Compare quality of life and functional level when going from oral treatment to long-term injectables.

Methods: Sample: Mothers, 37-45 years old, diagnosed with schizophrenia in monotherapy with oral paliperidone who started treatment with Paliperidone Palmitate LD IM (200 - 300 mg / month). Retrospective data collection. QLS quality of life scale.

Results: 5 patients were included, caregivers of 1 child (80%), 2 children (20%) who met the inclusion criteria and completed the questionnaires. After its application and correction through non-parametric tests ($N<30$). During oral treatment, scores were observed in the QLS questionnaire of: mean intrapsychic functions 34.2, mean interpersonal relationships 19, mean instrumental role 8, mean daily activities 8. After 12 weeks of treatment with Paliperidone Palmitate IM, scores were obtained: functions Medium intrapsychic 36, medium interpersonal relationships 23, medium instrumental role 15, medium daily activities 11. A better functioning of the patients was observed in the instrumental and daily activities categories.

Conclusions: In our experience, injectable long-acting Paliperidone Palmitate is associated with the perception of better quality of life in mothers with schizophrenia and increases the ease of administration as well as planning in their daily life.

Keywords: Schizophrenia; mother; paliperidone palmitate; quality of life.

EPP1162

Sexual dysfunction in adolescents with antipsychotics. evaluation and suitability of the treatment.

S. Pérez Sánchez*, I. Martín Herrero, M.A. Cutillas Fernández, D. Raya Güimil and A. Crespo Portero

Servicio De Psiquiatría, Servicio Murciano de Salud, Murcia, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1376

Introduction: Problems in sexual function associated with psychotropic drugs in adolescents with psychotic disorders are common in clinical practice. However, they are usually not taken into account in follow-up and are rarely reported by patients.

Objectives: 1. To analyze if there is sexual dysfunction in adolescents with antipsychotic treatment. 2. To assess the degree of sexual dysfunction.

Methods: Descriptive study in psychiatric outpatient clinics involving 14 men (aged 16 to 19) with antipsychotic treatment. Record prospectively through interviews between 2 and 4 months from the start of treatment. Sexual function was evaluated with the questionnaire SALSEX Informed consent.

Results: Initially, no sexual dysfunction scores are obtained. At 4 months, records of sexual dysfunction were observed in 67% of the patients with less impact in those with aripiprazole as antipsychotic treatment, with a moderate intensity (mean score 8.2; SD 4.7). 33% of cases report the problem spontaneously. Breaking down the reasons for sexual dysfunction: 50% decrease in libido, 20% delay in ejaculation and 7% impotence. The global tolerance to sexual dysfunction was poor, 45% with ideas to abandon treatment.

Conclusions: In our experience, sexual dysfunction is one of the main causes that make young patients abandon treatment and even follow-up. For what we consider, it is very relevant to systematically evaluate and be able to quantify this vital aspect of our patients, which on many occasions is not addressed in the consultation. Likewise, it will be necessary in future studies to describe in detail the psychotropic drugs associated with sexual dysfunction for better management and dose adjustment.

Keywords: ADOLESCENTS; ANTIPSYCHOTICS; SEXUAL DYSFUNCTION; ARIPIPRAZOLE

EPP1163

The universe of brief psychosis

T. Coelho Rocha*, J. Cunha, S. Torres and A. Lopes

Psychiatry And Mental Health Department, Centro Hospitalar Barreiro-Montijo, Barreiro, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1377

Introduction: Nowadays, 'Acute and transient psychotic disorders' in ICD-10 and 'Brief psychotic disorders' in DSM-5 are both classifications of the same clinical entity. Over the years, several concepts have been formulated to define the same syndrome.

Objectives: To explore the historical evolution of brief psychotic disorders and relate them to current nosologies.

Methods: Literature review, using the most relevant papers, with the keywords "brief psychosis", "bouffée délirante", "cycloid psychosis", "psychogenic psychosis", "atypical psychosis" and "holodysphrenia".

Results: Initially, in 1896, Kahlbaum coined the term 'dysphrenia', a group of severe form of psychosis that remitted without showing the typical sequence of disease states and without leaving a lasting alteration. Later, Kraepelin included this kind of disorder in manic depressive illness, which he first named as 'periodic delirium' and then as 'delirious mania'. Magnan, in the pre-Kraepelinian era, created the term 'bouffée délirante', a sudden onset of delusional ideas with rapid evolution and intense symptomatology with complete remission usually followed after a short time. Later on, Henry Ey grabbed this entity and renewed it, contrasting it to the defined concept of schizophrenia. Other psychiatric schools have proposed numerous designations: 'cycloid psychosis' by Kleist from the

German school, 'psychogenic psychosis' by Wimmer of the Scandinavian school and 'holodysphrenias' by Barahona-Fernandes from the Portuguese school. Cultural variants are also observed, as 'amok' seen in Malaysia or 'shinbyung' in Korea.

Conclusions: The intensity and polymorphism of brief psychosis present a clinical challenge. The historical evolution may be helpful on recognizing this entity in current clinical practice.

Keywords: Bouffée Delirante; Brief psychosis; Psychotic disorders; Atypical psychosis

EPP1164

Epilepsy and psychosis– where are we now?

I. Pereira*, V. Nogueira and J. Teixeira

Clínica 4 - Unidade De Alcoologia E Novas Dependências, Centro Hospitalar Psiquiátrico de Lisboa, Lisboa, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1378

Introduction: Epilepsy has long been considered a risk factor for psychosis, and studies estimate that up to 80% of patients with epilepsy will experience a psychotic episode at some point in the course of their disease. However, data on the treatment of psychotic disorders in epilepsy is limited and the management of these problems is still founded on individual clinical experience.

Objectives: To assess evidence pertaining psychosis related to epilepsy, especially its risks factors and treatment approaches available.

Methods: Bibliographic research was made through the PubMed/NCBI database. No time limit was specified on the search. Pertinent manuscripts were individually reviewed for additional relevant citations.

Results: Recent literature shows a prevalence in psychotic disorders of 5.6%, and up to 7% in patients with epilepsy. So far, mechanisms of psychosis in epileptic patients remain unknown. Risk factors are earlier age of epilepsy onset, more frequent seizures, longer duration of epilepsy, high number of relatives with epilepsy and long-term antiepileptic drugs therapy. Psychiatric manifestations may include both positive and negative symptoms, including auditory hallucinations, paranoid delusions, and disorganized thought and/or behaviour. Poor adherence to treatment with oral antipsychotics occurs in more than 40% of patients; long-acting injectable medication should be considered, bearing in mind interactions with anti-epileptic medication and possibility of increased side effects.

Conclusions: Our findings emphasize the importance of early recognition and management of psychosis in epileptic patients. Unfortunately, there is lack of evidence for the use of antipsychotic medication in epileptic patients, since available studies pertain to populations with primary psychiatric disorders.

Keywords: ictal psychosis; epileptic psychosis

EPP1165

Using causal interventionist models to examine the relationship between social anxiety and paranoia: A 3-month follow-up cross-cultural survey conducted in thailand and the united kingdom.

W. Aunjitsakul*, H. Mcleod and A. Gumley

Institute Of Health And Well-being, Medical, Veterinary and Life Sciences College, University of Glasgow, Glasgow, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1379

Introduction: The continuum of social threat ranges from anxiety to paranoia. Examining the factors that predict and mediate the relationship between social anxiety and persecutory paranoia will help with the development of interventionist-causal theories that can guide the development of new treatments.

Objectives: To investigate mediators between social anxiety and persecutory paranoia in a prospective cross-cultural analogue sample.

Methods: A 3-month follow-up online survey included participants aged ≥ 18 -years-old in Thailand and the UK. Recruitment was via advertisements on websites and social media. Participants completed questionnaires at baseline (T1) and 3-month follow-up (T2) measuring social anxiety, paranoia, depression. Mediators were: stigma; internal and external shame; social rank; self-esteem; and safety behaviours. We used linear regression to examine predictors of paranoia and mediation analysis to test indirect effects. Estimating the indirect effects was calculated by 10,000 bootstrapping bias-corrected 95% confidence intervals.

Results: At follow-up, 186 (70.4%female; mean age 34.9 ± 9.1) Thai and 236 (81.4%female; 35.7 ± 12.7) UK respondents completed the survey. Regarding change scores (T2-T1), higher paranoia was significantly predicted by higher social anxiety and external shame controlling for age, gender, depression. A simple mediation model controlling for depression showed significant indirect effects for external shame ($ab=0.06$, 95%CI=0.018 to 0.105) and safety behaviours ($ab=0.06$, 95%CI=0.002 to 0.127). A multiple mediation model found external shame was a significant mediator ($ab=0.06$, 95%CI=0.020 to 0.110).

Conclusions: These cross-cultural data suggest that external shame may mediate the prospective relationship between social anxiety and paranoia. These data suggest the potential for treatment of persecutory fears and social anxiety in psychosis by targeting shame-related cognitions.

Keywords: Shame; Prospective Studies; Psychotic disorders; Cross-Cultural Comparison

EPP1166

Attitudes of relatives of patients with schizophrenia

I. Lajmi*, S. Omri, M. Maalej Bouali, N. Smaoui, R. Feki, J. Ben Thabet, L. Zouari, N. Charfi and M. Maalej

Psychiatry C Department, Hedi chaker University hospital, sfax, Tunisia

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1380

Introduction: Investigating family member's attitudes about schizophrenia is an important step in its management. They likely influence the family's help-seeking decisions and affect both adherence with biomedical interventions and social integration of the patients.

Objectives: Describe families' beliefs about the symptoms and the treatments of schizophrenia.

Methods: We led a transversal study including 32 relatives of patients with schizophrenia (DSM 5). We collected data for both