

Schizophrenia and Other Psychotic Disorders

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Early Warning Signs of Schizophrenia: Effective Strategies and the Benefits of Early Treatment

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Introduction: Schizophrenia is a severe mental condition marked by a progressive onset of symptoms. Early evaluation and proper management are necessary for improving long-term outcomes and reducing the disorder's severity. Early detection of prodromal symptoms and the prompt initiation of treatment can substantially influence the evolution of the condition, resulting in improved prognoses and a better quality of life.

Objectives: The paper examines methods for recognizing early indicators of schizophrenia and evaluates the effects of early intervention. The emphasis encompasses comprehending the prevalent prodromal symptoms linked to schizophrenia, assessing diverse early detection techniques, and analysing the advantages of prompt intervention on long-term results.

Methods: A comprehensive examination of existing literature and clinical investigations was performed to identify and delineate prevalent prodromal symptoms of schizophrenia, including social disengagement, cognitive impairments, and atypical thought processes. The assessment examined various early detection instruments, encompassing structured clinician interviews, self-report questionnaires, and neuroimaging methodologies. Furthermore, data from longitudinal studies was examined to ascertain how early intervention may impact the disorder's course and enhance patient outcomes.

Results: The review realized multiple significant prodromal signs, including social isolation and cognitive impairments. Multiple early detection instruments, including structured interviews and neuroimaging, proved helpful in identifying persons at elevated risk for developing schizophrenia. Timely intervention measures, integrating pharmacological therapies and psychosocial assistance, correlated with a substantial decrease in symptom severity and improved long-term results.

Conclusions: The management of schizophrenia necessitates early identification and intervention. The severity of the disorder and the prognosis can be significantly reduced by recognizing prodromal symptoms and administering effective treatment. In order to enhance recovery and mitigate the effects of schizophrenia on individuals and their families, clinicians should prioritize early detection and early treatment.

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Religious activity and religious delusions in schizophrenia/schizoaffective disorder

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Introduction: Religious delusions are a common symptom in patients with schizophrenia. They can be more difficult to treat than other delusions because they are usually held with more conviction [1], which makes them of great clinical relevance. Religious delusions occur in between one-fifth and two-thirds of patients with delusions [2].

Cross-cultural differences may provide a partial explanation, but it seems likely that individual socio-demographic variables, particularly the extent of personal religiosity, as well as genetic factors, may also play a role.

Objectives: To assess the relationship between sociodemographic characteristics and religious activity in patients with schizophrenia/schizoaffective disorder with religious delusions followed and hospitalised at the Arrazi psychiatric hospital in Salé.

Methods: This was a descriptive cross-sectional study using a questionnaire including socio-demographic criteria, clinical criteria and questions about religious activity by grouping patients into 5 categories: (1 = no religious affiliation, 2 = religious affiliation, but not actively religious, 3 = religious affiliation, somewhat active activity, 4 = religious affiliation, moderately active activity, 5 = religious affiliation, very active activity) to assess the relationship between sociodemographic characteristics and religious activity in patients with schizophrenia/schizoaffective disorder with religious delusions followed and hospitalised at the Arrazi psychiatric hospital in Salé.

The inclusion criteria were as follows: both sexes with a diagnosis of schizophrenia/schizoaffective disorder according to DSM 5 criteria and having a mystico-religious delusion.

The exclusion criterion was severe intellectual disability.

Results: A total of 109 patients were collected.

Approximately 85% were male. Most had an average socio-economic status. 67% lived with their families and 15 were homeless. About 89% were unemployed.

About 78% of the patients were hospitalised and most had poor compliance. All patients had mystico-religious delusions, most thought they were prophets or angels, 10 believed they were God. Fourteen patients thought they were Al Mehdi AL montadar, 2 said they were the Holy Spirit. 22 had a delusion of possession.

77% had Islam as their religion, 12% Christianity and 11% no religious affiliation. About half of the patients had a religious affiliation but were not actively religious. Very active religious subjects were 3 times more likely to suffer from religious delusions than subjects with no religious affiliation.

Conclusions: Our data suggest that a high level of personal religious activity appears to be one of the risk factors for the onset of religious delusions. A high level of religiosity appears to increase the risk of developing religious delusions.

Further research is needed to examine the relationship between religiosity and religious delusions.

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