

happiness, ecstasy, and placidity, mystical-religious delusions, and preoccupation with death, which may comprise a different psychotic debut.

Disclosure of Interest: None Declared

EPV0949

100 years of recovery and prognosis in schizophrenia

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Introduction: Recovery in schizophrenia is both widely accepted and commonly misunderstood. Researchers have described favorable outcomes for schizophrenia for the last 100 years. Nevertheless, many patients, relatives and clinicians view schizophrenia as a disease with an inevitable chronic course, as described by Kraepelin in 1889. The definition and measurement of recovery in schizophrenia have proven to be a difficult task. If defined by the remission of clinical symptoms, we have criteria that are operational, but is symptomatic remission sufficient to describe recovery? If looking at social recovery, outcomes related to recovery e.g., social life, employment or social engagement are not easily measured by reliable independent metrics. Thirdly, recovery can be described as a personal journey rather than a clinical endstate.

Objectives: The aim is to present a historical and global overview of 100 years of research in recovery in schizophrenia.

Methods: We conducted a systematic review and meta-analysis. We included prospective studies with at least 20 years of follow-up on patients with a diagnosis of schizophrenia, and the studies must include face-to-face clinical evaluation. We examined outcome in three nested groups: 'recovery', 'good or better' (i.e., good and recovery), and 'moderate or better' (i.e., moderate, good, and recovery). We used random-effects meta-analysis and meta-regression to examine mean estimates and possible moderators.

Results: The overview will start with Bleuler, who described that approximately one third have a good outcome, and end with the most recent meta-analyses on recovery in schizophrenia, presenting both data from our own research and others on the recovery of schizophrenia. Ultimately, we will discuss whether recovery have improved in the last 100 years.

Conclusions: It is a myth that schizophrenia inevitably has a deteriorating course. Recovery is certainly possible. Schizophrenia remains, however, a severe and complex mental disorder, exhibiting a limited change in prognosis despite more than 100 years of research and efforts to improve treatment.

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EPV0950

Fate of the first Brief Psychotic Disorder in hospitalised patients

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Introduction: Brief Psychotic Disorder (BPD), defined according to the DSM-5 by the presence of delusions and/or hallucinations and/or disorganised speech persisting for at least one day and less than one month, the disturbance not being due to a bipolar disorder or a schizophrenia spectrum disorder or to the effect of a substance. Classically, the prognosis of a BPD is considered to be divided between restitution ad integrum (30%), progression to bipolar disorder (30%), progression to schizophrenia (30%) or repetition of the same form (10%).

Objectives: The objectives of our study were to evaluate the evolutionary modalities after the first hospitalization for BPD after a follow-up of at least one year and to compare them with the data in the literature.

Methods: Our study was retrospective and descriptive. We reviewed the records of patients hospitalised in our department from 1 January 2014 to 31 December 2018 for a first BPD and assessed the subsequent course over a minimum period of one year.

Results: We included 70 records of patients hospitalized. Twenty-five patients (35.71%) were lost to follow-up after their first hospitalisation. The remaining patients (64.29%) were divided into 3 groups according to the above-mentioned evolutionary modalities (recovery, recurrence of BPD, progression to schizophrenia, progression to bipolarity). Results were in favour of an evolution towards bipolar disorder (35.55%), towards schizophrenia (44.44%), a relapse of the BPD (4.44%), while 13.33% of the BPDs had no future after an aftercare of at least one year. In addition, one case of evolution towards a chronic delusional disorder of the persecution type was observed.

Conclusions: In the present study, our results tend to be in line with the law of one-third described by some authors despite a slight discrepancy partly explained by the limitations of our study. Although, the outcome of BPD remains unpredictable. The minimum five years of evolution are decisive in assessing the subsequent prognosis.

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EPV0951

Aggressive behavior in patients hospitalised for a psychotic relapse

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Introduction: Patients in psychotic relapse may exhibit violent behavior towards objects, themselves or others. These behaviors,