

Objectives: To develop a multidimensional scale for monitoring insight in schizophrenia patients

Methods: A scale with 9 insight dimensions has been developed: appreciation of symptoms, acceptance of the cause, clinical and functional repercussions, limitations and level of competence, expected evolution and prognosis, therapeutic, and other factors. risk of decompensation. Each dimension is weighted from 0-4 points, and the result is expressed numerically and graphically. The scale was administered to 60 patients with schizophrenia on three occasions. The initial one by two psychiatrists consecutively, and the third three months after stable treatment. Other clinical and sociodemographic variables were also collected.

Results: In the analysis, reliability, internal consistency, and intra- and interobserver reliability, logical, content, criterion and construct validity were assessed, obtaining satisfactory results in Cronbach's coefficients and Pearson's correlation (> 0.7 and > 0.8).

Conclusions: The scale has good reproducibility, validity, sensitivity and utility characteristics, which allow its use in patients with schizophrenia.

Disclosure: No significant relationships.

Keywords: insight; scale; schizophrenia

EPV1320

Lennox-Gastaut and Schizophrenia: Comorbidity or complication?

Z. Bencharfa*, Y. Amara, L. Tbatou, S. Belbachir and A. Ouanass
University Hospital Center Ibn Sina, Ar-razi Psychiatric Hospital, Salé, Morocco

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1974

Introduction: Lennox-Gastaut syndrome (LGS) belongs to the group of severe childhood epileptic encephalopathies and represents 1 to 2% of all childhood epilepsies. It is characterized by the occurrence of generalized epileptic seizures, characterized by a particular pattern of the electroencephalogram; slowed mental development and personality disorders.

This syndrome appears between the ages of 2 and 7 years, and its management remains difficult, as it is generally refractory to conventional treatment. The long-term prognosis of this syndrome is poor, marked by the presence of periods of regression of cognitive functions, the appearance of frontal or even psychotic signs and extrapyramidal and cerebellar signs.

Objectives: We will try to throw a clinical case, to discuss the evolution of Lennox Gastaut syndrome towards schizophrenia, which remains an infrequent complication, and to determine what would be the adequate management of these patients?

Methods: We report the case of a 16-year-old patient, followed for Lennox Gastaut syndrome since the age of 03, who presented to the psychiatric emergency room for psychomotor agitation, geophagia and altered general condition. The admission interview showed a patient with motor instability, disorganized speech, delusional persecution syndrome, auditory and intrapsychic hallucinations, suicidal ideations in the context of mental automatism, impaired judgment and insight, and insomnia.

The blood tests and the brain CT scan came back without any particularities.

Results: The patient was put on Risperidone, Valproate sodium, Lamotrigine and Clobazam, with good clinical evolution.

Conclusions: The cognitive consequences are catastrophic, 85 to 92% of the patients have a progressive cognitive deterioration, in spite of the reduction of the frequency of the seizures and the improvement of the paroxysmal EEG anomalies.

Disclosure: No significant relationships.

Keywords: Psychosis; Lennox-gastaut; evolution

EPV1321

Polypharmacy and relapse of schizophrenia: are they related?

R. Softic^{1*}, S. Osmanovic² and N. Becarevic¹

¹University Clinical Center Tuzla, Of Psychiatry, Tuzla, Bosnia and Herzegovina and ²Health Center Brčko, Of Psychiatry, Brčko, Bosnia and Herzegovina

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1975

Introduction: Polypharmacy can be the cause of deliberate discontinuation of medication and consequent relapse of schizophrenia.

Objectives: To establish the one-year rate of relapse in the patients with schizophrenia with regard to monotherapy or polypharmacy.

Methods: The sample of all hospitalized patients with schizophrenia in a five-year period was analyzed. Descriptive statistics were used.

Results: Total of 87 participants (57 women), the median age was 43 years. Antipsychotic monotherapy was used in 31 (35.6%) of the participants. In one year period, 32 (36.8%) of all participants had a relapse. Prior to relapse, significantly more participants were treated with polypharmacy ($p < 0.05$).

Conclusions: Antipsychotic polypharmacy is related to a higher rate of relapse in patients with schizophrenia.

Disclosure: No significant relationships.

Keywords: schizophrenia; Relapse; Polypharmacy

EPV1323

Athens multifamily therapy after a first psychotic episode: Online therapy during the COVID-19 pandemic

M. Selakovic^{1,2,3}

¹National and Kapodistrian University of Athens Medical School, Eginition Hospital, First Department Of Psychiatry, Athens, Greece;

²GH "Sismanogleio", Department Of Psychiatry, ATHENS MELISSIA, Greece and ³National and Kapodistrian University of Athens Medical School, Eginition Hospital, First Department Of Psychiatry, Athens, Greece

doi: 10.1192/j.eurpsy.2022.1976

Introduction: The Athens Multifamily Therapy Project (A-MFTP) aims to provide systemic multifamily group therapy to youths who experienced a first psychotic episode (FEP) and their families

Objectives: Since 2017, we run five groups of five-four families, with a duration of ten months and frequency every two weeks.

Participants were recruited from the longitudinal study, Athens FEP Project, which aimed to investigate the involvement of genetic and environmental determinants on psychosis risk.

Methods: During the Covid-19 pandemic, the provision of therapy to the current groups continued through online sessions. Participants were asked to answer qualitative questions on the perceived effectiveness of the therapy on their life as well as on the presenting problem(s) at three time points: middle, end of therapy and 6-month follow-up.

Results: All members highlighted the significance of the reciprocity in the group communication. They mentioned that “sharing” and “exchanging” experiences helped them listen to others and felt heard by them. They moved from feeling fear and embarrassment when discussing the diagnosis and the aftermath, to feeling safety and comfort talking about their difficulties. Qualitative analysis showed no difference in participants’ perception of multifamily therapy as helpful between live therapy and online therapy.

Conclusions: Results suggest that MFT can be a viable way to provide early intervention in FEP even in an online modality.

Disclosure: No significant relationships.

Keywords: multifamily therapy; online therapy; FEP; COVID-19 pandemic

EPV1326

Self-perceived functional impairment or disability in Delusional Disorder – Case Reports

M.D.R.D.R.F.D. Basto^{1,*}, A. Certo^{1,2}, O. Nombora^{1,2}, A. Horta^{1,2}, E. Mendes^{1,2} and Â. Venâncio^{1,2}

¹Centro Hospitalar de Vila Nova de Gaia e Espinho, Serviço De Psiquiatria E Saúde Mental, Vila Nova de Gaia, Portugal and ²Vila Nova de Gaia Hospital Center, Psychiatry And Mental Health Service, Vila Nova de Gaia, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1977

Introduction: Delusional disorder (DD) is a psychotic disorder with an estimated prevalence of less than one percent, traditionally characterized by systematized delusional ideas with no cognitive deterioration. However, some studies have been reporting impairment of neurocognitive system (social cognition, learning and memory, expressive language, complex attention, executive function) that might have an impact on functionality both in social and work domains.

Objectives: This work aims to review clinical evidence on self-perceived functional impairment or disability in DD and to present two clinical cases evaluated at a psychiatric unit.

Methods: We report two clinical cases based on patients’ history and clinical data, and reviewed clinical records using PubMed® database with search terms of “Delusional Disorder”, “Cognition Impairment in Persistent DD”.

Results: We present two clinical cases of patients who were admitted to psychiatric unit after developing psychotic symptoms namely persecutory delusions about neighbors. A persistent delusional disorder was established and antipsychotic treatment was initiated. The 74-years-old man presented deficits in executive and memory processes; ended up institutionalized after two months of being discharged. The 47-years-old woman, despite remaining as a law-

yer, noticed a decrease in work capacity and so she ended up being responsible for less demanding cases. Cases of delusional disorder showed a poor performance in most cognitive tests and some of the cognitive deficits seem to affect functionality namely memory, expressive language and attention.

Conclusions: Although classical literature has not systematized an association between DD and personality deterioration, there are some evidences of loss of functionality and cognitive commitment in this disorder. This suggests the importance of cognitive interventions to improve functional prognosis in this clinical population.

Disclosure: No significant relationships.

Keywords: Delusional disorder; Psychosis; cognitive deterioration

EPV1327

The prevalence of self-harm behavior in schizophrenia spectrum disorders: a systematic review and meta-analysis

E. Lorentzen, O. Mors and J.N. Kjaer*

Aarhus University Hospital, Dept. For Psychosis, Skejby, Denmark

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1978

Introduction: Non-suicidal self-injury (NSSI) is intentional self-inflicted destruction of body tissue without suicidal intention, whereas deliberate self-harm (DSH) is self-inflicted destruction of body tissue regardless of intent. In clinical samples of patients with schizophrenia spectrum disorders (SSD) the estimates of prevalence and severity of self-harm behavior vary considerably.

Objectives: The aim of this study is to investigate the prevalence of NSSI and DSH, respectively, in individuals with SSD.

Methods: In adherence with PRISMA guidelines, a search of electronic databases (Pubmed, PsycInfo, and EMBASE) was conducted by two independent reviewers. Studies were included if the participants were diagnosed with SSD and DSH/NSSI were quantified by questionnaire or interview. Studies solely including patients with schizoaffective disorder, a severe intellectual disability, or autistic spectrum disorder were excluded. Meta-analysis of prevalence will be undertaken for NSSI and DSH, respectively. Further, the review will examine psychopathological correlates to DSH/NSSI, self-harming methods utilized in DSH/NSSI, and severity of DSH/NSSI.

Results: Following duplicate removal, 1891 abstracts were initially identified through the database searches. 148 abstracts were included in screening of full-text articles of which 33 met the eligibility criteria. Nine authors were contacted for the purpose of obtaining additional data. Preliminary results found that the observed lifetime prevalence of NSSI ranged from 14.1% to 57.1%, whereas the observed lifetime prevalence of DSH ranged from 12.9% to 68.0%.

Conclusions: Understanding how SSD and self-harming behavior are associated could identify subgroups of patients with SSD that are responsive to different pharmacological and psychosocial treatment approaches.

Disclosure: No significant relationships.

Keywords: self-injury; schizophrenia; Prevalence; meta-analysis