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The influence of self-esteem and therapeutic alliance on psychotic symptom severity

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Introduction: The therapeutic alliance (TA) is increasingly acknowledged as a fundamental quality of care indicator. Numerous guidelines advocate TA awareness in practice, but lack specifics on building a strong TA. Yet, previous studies have found independent associations between levels of self-esteem, the quality of TA and severity of clinical symptoms in people with schizophrenia and other psychotic disorders. It suggests that the TA possibly mediates the relationship between self-esteem and psychotic symptoms. The present study therefore examined the relationships between these three factors in people with psychotic disorders.

Objectives: Investigating the mediating effect of TA on the relationship between self-esteem and psychotic symptom severity.

Methods: The short forms of the *Self-Esteem Rating Scale* and the *Working Alliance Inventory*, respectively, were used to assess self-esteem and TA. Psychotic symptoms were evaluated using the *Positive and Negative Syndrome Scale*. Linear regression models were applied, followed by a mediation-model when appropriate.

Results: A higher self-esteem significantly predicted less severe psychotic symptoms ($B = -.312$; $\beta = -.46$, $p < .001$) and better TA ($B = .123$, $\beta = .255$, $p = .009$). There was no significant relation between TA and psychotic symptom severity ($B = -.161$; $\beta = -.109$, $p = .289$), therefore no mediation-analysis was performed.

Conclusions: We found no association between TA and psychotic symptoms, which may be explained by the mild psychotic symptoms and overall high satisfaction scores on TA in our chronic sample. Another factor might be that current measurements assume a one-on-one relationship between a client and a professional, while nowadays multiple professionals are involved. We recommend re-evaluating the definition and assessment of the TA within chronic psychiatric populations. Our study results also offer practical guidelines for clinicians to improve their quality of care, such as the recommendation to focus on enhancing self-esteem in people with psychosis.

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Augmenting clozapine with other antipsychotics: results from two nationwide cohorts

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Introduction: A large proportion of patients with schizophrenia do not have a sufficient response even to clozapine. Very little is known if any pharmacological augmentation treatment can improve the long-term outcome of these patients.

Objectives: We studied the comparative effectiveness of oral risperidone, olanzapine, quetiapine, and aripiprazole augmentation of clozapine treatment on the risk of hospitalization due to psychotic episode as a marker for severe relapse among patients with schizophrenia.

Methods: In this population-based study, patients with schizophrenia or schizoaffective disorder using clozapine were included from Finnish (years 1996-2017) and Swedish (years 2006-2021) nationwide registers of inpatients care, specialized outpatient care, sickness absence, and disability pension. The risk of hospitalization associated with periods of antipsychotic augmentation vs. clozapine monotherapy (expressed as adjusted hazard ratio, aHR) was assessed by a within-individual design, using each individual as his/her own control, and analyzed with stratified Cox models. The two national cohorts were first analyzed separately, and then results were combined using a random-effect meta-analysis. Secondary outcomes were somatic hospitalization and composite outcome of psychosis/ somatic hospitalization.

Results: In the meta-analysis of 23,206 clozapine users, medium dose (9-16.5 mg/day) aripiprazole augmentation was associated with the lowest risk of relapse among patients with low-dose (< 180 mg/day) (meta-analysis aHR 0.67, 95% CI 0.46-0.97, $p=0.03$), medium-dose (180-330 mg) (0.79, 0.70-0.91, $p=0.0006$), and high-dose (>330 mg) clozapine (0.68, 0.62-0.75, $p<0.0001$), compared with the same clozapine dose as monotherapy. Augmentation with higher dose of aripiprazole or with other antipsychotics was associated with less favorable outcome. Only aripiprazole augmentations were associated with decreased risk of psychosis/somatic hospitalization, and the lowest risk was observed for medium-dose aripiprazole plus high-dose clozapine (0.70, 0.58-0.84, $p=0.0001$). Medium-dose aripiprazole plus high-dose clozapine was not associated with the risk of somatic hospitalization (0.66, 0.30-1.44, $p=0.29$), when compared with clozapine monotherapy in the same dose category.

Conclusions: This meta-analysis of two nation-wide cohorts totaling over 23,000 clozapine using patients indicates that 10-15 mg/day aripiprazole augmentation of clozapine treatment is associated with about 20-30% decreased risk of relapse compared with clozapine monotherapy periods within the same individuals.

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Attitudes of patients with psychotic disorders towards psychoactive substances

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Introduction: Understanding patient attitudes toward psychoactive substances is essential for improving treatment outcomes in psychotic disorders. Substance use complicates these disorders, worsening symptoms and hindering recovery. Despite known risks, many individuals with psychotic disorders engage in substance use influenced by various factors. The debate over the legalization, decriminalization, and normalization of psychoactive substances, including marijuana and psychedelics, is growing. Legalization removes legal restrictions, decriminalization reduces penalties, and normalization involves societal acceptance of these substances. Alcohol, a culturally embedded substance, is also highly harmful despite its legal status. Recently, there has been increased interest in cannabis for therapeutic use, though its role in psychotic disorders remains contentious. While some evidence suggests the benefits of cannabidiol (CBD), excessive use of high-THC cannabis may elevate the risk of psychosis or exacerbate symptoms.

Objectives: To examine the attitudes and perceptions of patients with psychotic disorders toward alcohol, marijuana, and psychedelics, and to assess the prevalence of psychoactive substance use among individuals with psychotic disorders.

Methods: For this descriptive study, data were collected from September 2023 to September 2024 through a questionnaire distributed to patients during their hospitalization at the University Hospital of Split in the Psychiatry Department. Inclusion criteria included adult patients with ICD diagnoses from F20-F29 who agreed to participate in the study; exclusion criteria included patients with F21 (unless they also have F23) and those who declined to participate.

Results: This study examined the attitudes and behaviors of 62 patients with psychotic disorders regarding alcohol and psychoactive substance use. The sample consisted of 37 men (59.7%) and 25 women (40.3%). Alcohol consumption was reported by 34 respondents (54%) in socially acceptable quantities, while 7 respondents (11.3%) admitted to combining alcohol with medications. Additionally, 8 respondents (12.9%) reported using other psychoactive drugs. Regarding perceptions, 6 respondents (9.7%) believed that marijuana helps their health, and an equal number expressed a similar belief about psychedelics.

Conclusions: Despite therapeutic cooperation, many patients continue to consume alcohol due to its availability and social acceptance. Some patients use marijuana, believing that it improves their mental state, while others use psychedelics; however, fewer patients engage with these substances compared to alcohol. These findings reveal significant variability in substance use and perceptions among patients with psychotic disorders, highlighting the need for further investigation into the factors influencing these behaviors to develop effective treatment strategies and support systems tailored to this population.

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Public perception towards marriage involving individuals with schizophrenia and its relationship with affirming attitudes among the general population

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Introduction: The perception of marriage involving individuals with schizophrenia remains critical in understanding the broader societal attitudes towards mental illness. Stigma and misconceptions often shape public views. Few studies have been conducted on this subject and the perceptions regarding this topic have not been thoroughly investigated.

Objectives: This study aimed to explore perceptions of the general public regarding marriage in individuals with schizophrenia and to assess the relationships between these perceptions and affirming attitudes.

Methods: A cross sectional study was conducted via an online survey. It included a detailed description of clinical symptoms and outcomes of schizophrenia. Thirteen open-ended questions, adopted from the study of Kumar et al., 2019, and assessing various aspects of marriage in individuals with schizophrenia were asked.

A battery for measurement of affirming attitudes about mental illness was used, comprising the Empowerment scale (ES) to assess people's beliefs about the social worth of people with mental illness, the Recovery scale (RS) to evaluate people's beliefs about potential of recovery from serious mental illness and the self-discrimination scale (SDS) to assess people's expectations about a person with mental illness successfully pursuing his life goals.

Results: A total of 304 participants took part in the study, most of whom were between 20 and 30 years old, 80.9 were women. Additionally, 23.35% mentioned living with someone diagnosed with a psychiatric disorder. Results revealed that the majority of participants held reservations about marriage for individuals with schizophrenia. Over 50% believed that marriage neither cures nor improves symptoms, and more than 60% were reluctant to marry someone with schizophrenia or agreed to a marriage match involving a schizophrenic person. However, 53% agreed that individuals with schizophrenia have the right to make their own decisions about marriage, though concerns remain regarding their ability to manage family responsibilities. Regarding perceptions of schizophrenia, individuals who believed that marriage is not a cure for the illness and those who stated they would never consider marrying someone with schizophrenia exhibited significantly higher RS scores ($p=.009$ and $p<10^{-3}$, respectively). Participants who disagreed with the fact that individuals with schizophrenia have the right to marry showed significantly higher RS ($p=.023$), ES ($p=.03$), and SDS ($p=.033$) scores.

Conclusions: This study highlights the ongoing challenge of stigma towards individuals with schizophrenia, particularly about their perceived suitability for marriage. While there are encouraging signs of changing attitudes, broader efforts are needed to foster a more inclusive and supportive societal perspective on mental health and marriage.

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