

David Horrobin's theory of the psychotic disorders development in predisposed individuals.

Conclusions: Supplementation with polyunsaturated fatty acids may be a chance for a selected group of patients to prolong remission but also hope to prevent the occurrence of psychotic disorders in particularly vulnerable individuals.

Disclosure of Interest: None Declared

EPV1013

Perceived stress and resilience in family caregivers of patients with mental illness : relationship and correlates

S. Kolsi*, N. Charfi, I. Gassara, R. Feki, S. Omri, N. Smaoui, L. Zouari, J. Benthabet, M. Maalej and M. Maalej

psychiatry c department, Hedi Chaker University Hospital Center, Sfax, Tunisia

*Corresponding author.

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Introduction: Family members play an important role in the life of many adults with mental disorders and are under considerable amounts of stress that may affect caregiver's physical health, quality of life and resilience.

Objectives: The present study aimed to explore the relationship between the perceived stress and the resilience levels among caregivers of patients with mental illness and to identify their associated factors.

Methods: This was a cross-sectional, descriptive and analytical study conducted on caregivers of patients suffering from mental illness. It was conducted in the outpatient psychiatry department at the university hospital of Sfax (Tunisia), during september 2021.

We used the Connor–Davidson Resilience Scale to assess resilience and the Perceived Stress Scale (PSS-10) to assess the level of stress. High scores indicate high resilience and perceived

Results: The sample included 34 family caregivers of patients with mental illness. The mean age was 47.47 years (SD=12.4 years) and the sex ratio (M/F) was 1.42.

The mean resilience score of caregivers was 42.85 and the mean perceived stress score was 24.94 (SD=6.36).

The score of resilience correlated negatively with the score of perceived stress among family caregivers ($r=-0.751$; $p=0.0001$).

The Caregivers with low socioeconomic level were more likely to have a low resilience score ($p=0.004$) and to have high stress levels ($p=0.04$).

The level of perceived stress increased significantly in case of long duration of providing care ($r=0.697$; $p=0.001$), the presence of stressful events ($p=0.029$) and the presence of aggressive behaviors committed by patients ($p=0.001$). However, the level of resilience decreased significantly in those same cases ($p=0.001$; $p=0.002$; $p=0.0001$ respectively)

Conclusions: Our findings suggest that high level of perceived stress among family caregivers impact negatively their capacity of resilience. So, interventions targeting stress related to stressful events and violence committed by patients in their family environment should be integrated to increase the caregivers' resilience.

Disclosure of Interest: None Declared

EPV1014

PALIPERIDONE PALMITATE 6-MONTH FORMULATION FOR THE TREATMENT OF SCHIZOPHRENIA: A 4-MONTH FOLLOW-UP STUDY

S. L. Romero Guillena*, G. Rodriguez Menendez, A. I. Florido Puerto and A. S. Fernández Flores

¹UGC Salud Mental Virgen Macarena, Psychiatry, Seville, Spain

*Corresponding author.

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Introduction: Relapse prevention is critical because psychopathology and functionality can worsen in patients with schizophrenia because the repeated episodes and we have strong evidence of antipsychotics efficacy for relapse prevention, but nonadherence rates in patients with schizophrenia are very high, even in comparison with other illness. The literature speaks of average rates of 42% in schizophrenia. For that, long-acting injectable antipsychotics (LAIs) are considered important treatment option, but they are underutilized (Taipale et al. *J Clin Psychopharmacol* 2017; 44, 1381–1387) (Garcia et al. *J Clin Psychopharmacol* 2016; 36(4)355–371). There is extensive clinical trial evidence for the use of paliperidone palmitate 1-month (PP1M) and paliperidone palmitate 3-month (PP3M) formulations for maintaining treatment continuity and preventing relapses and risk of hospitalizations in patients with schizophrenia. (Najarian et al. *Int J Neuropsychopharmacol* 2022; 25(3) 238–251).

Paliperidone palmitate 6-month (PP6M) formulation is a presentation that provides a dosing interval of once every six months. It is the first and only antipsychotic to be administered twice a year.

Objectives: The principal aim of this study was to evaluate the effectiveness, safety, and tolerability of the PP6M in people with non-acute schizophrenia in a naturalistic psychiatric outpatient setting

Methods: Sample: 22 patients diagnosed with schizophrenia (DSM 5 criteria) that started treatment with PP6M after being stabilized with PP1M (N:10) or PP3M (N:12) (the treatment dose was not changed in the four months before study inclusion)

The mean dose of PP6M was 822.727 mg

Bimonthly, the following evaluations were performed during a follow-up period of 4 months:

The Clinical Global Impression-Schizophrenia scale (CGI-SCH)

Treatment adherence, concomitant medication, adverse events and the number of hospitalizations and emergency visits

Efficacy values: Percentage of patients who remained free of admissions at the end of 4months of follow-up.

Other evaluation criteria: Percentage of patients who never visited the emergency department at the end of 4 months of follow-up, average change from baseline visit to the final evaluation as assessed by score obtained on the following scale: GSI-SCH, treatment adherence rate and tolerability.

Results: The percentage of patients who remained free of admissions at the end of the 4 months was 100% and the percentage of patients who never visited the emergency department at the end of 4 months was 100 %