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Correlates of adherence to antipsychotic Medications in Patients with Schizophrenia and Bipolar Disorders

J. Zaouali[1]*, F. Askri[1], S. Ellini[1], M. Cheour[1], R. Damak[1], S. Hallit[2] and F. Fekih-Romdhane[1,3]

[1]Psychiatry, Razi Hospital, Tunis, Tunisia; [2]Research, School of Medicine and Medical Sciences, Holy Spirit University of Kaslik, P.O. Box 446, Jounieh, Kaslik, Lebanon and [3]Psychiatry, Tunis El manar university, faculty of Medicine of Tunis, Tunis, Tunisia
*Corresponding author.
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Introduction: The World Health Organization defines non-adherence to treatment as "a situation where an individual's medication-taking behavior diverges from the agreed recommendations of healthcare professionals". Individuals with psychiatric disorders frequently encounter challenges in adhering to their prescribed treatments, which is due amon other factors to a lack of insight. The non-adherence can lead to increased relapse rates, diminished treatment efficacy over time, and adverse effects on both the individual and the broader community.

Objectives: This study's objectives were towfold : (1) to investigate medication adherence among patients with schizophrenia and bipolar disorders under antipsychotics, and (2) to identify various factors associated with non-adherence to antipsychotic treatments.

Methods: A cross-sectional study was conducted at Razi Hospital, Tunisia, between December 2023 and January 2024. Were included patients who attended the outpatient clinic during the study period, who were in remission for at least one month and who were receiving antipsychotic medication. The Brief Adherence Rating Scale, the Positive and Negative Syndrome Scale and the Glasgow Antipsychotic Side-effects Scale were administered to all patients.

Results: The study included 35 male patients with a mean age of 39 years ± 11 years. Schizophrenia was diagnosed in 86% (N=30) of the participants. Of these, 49% were prescribed first-generation antipsychotics (N=17), while 51% (N=18) were prescribed second-generation antipsychotics. More than half of the patients (63%) demonstrated non-adherence to their treatment regimen. Among these, 65% exhibited moderate to severe lack of insight into their illness, and 66% had not received psychoeducation about their condition. A significant association was found between non-adherence and moderate to severe lack of insight (p=0.000, OR=4, 95% CI [1.4-10]), lack of psychoeducation for the patient (p=0.02, OR=2, 95% CI [1-4.3]), and lack of psychoeducation for the caregiver (p=0.05, OR=1.7, 95% CI [0.9-3.2]). Binary logistic regression analysis indicated that lack of insight (p=0.01, OR=3.6) remained a significant risk factor for non-adherence.

Conclusions: This study underscores significant association between lack of insight and non-adherence to antipsychotic medications. Enhancing insight through early psychoeducational interventions could potentially improve medication adherence and positively influence long-term clinical and functional outcomes for patients.

Disclosure of Interest: None Declared

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Validation of EPICOG-SCH Screening Battery in First Episode Psychosis: Cohort Study to Follow up Cognition and Functionality

R. Ayesa[1], S. Zaragoza Domingo[2]*, J. Bobes[3], M.-P. García-Portilla[4], R. Magdalena-Herrero[1], A. Yorca-Ruiz[1], M. de Gracia Blanco[5], G. Escartin[6], V. Ortíz-García de la Foz[1] and J. Ruiz[7]

[1]Vadecilla Research Biomedical Institute, IDIVAL, School of Medicine, University of Cantabria, CIBERSAM, Santander; [2]R&D, Neuropsychological Research Organization s.l (Neuropsynchro), Barcelona; [3]Psychiatry Departmen, 3) Psychiatry Department, University of Oviedo, CIBERSAM; [4]Psychiatry Department, University of Oviedo, Oviedo; [5]Psychology School, University of Girona, Girona; [6]Psychiatry Departmen, Parc Sanitari Sant Joan De Déu, Barcelona and [7]Faculty of Psychology, University of Barcelona, Barcelona, Spain
*Corresponding author.
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Introduction: The Epidemiological Study of Cognitive Impairment in Schizophrenia (EPICOG-SCH) is a brief battery to screen for cognitive impact of schizophrenia in outpatient settings. The EPICOG-SCH includes well-known subtests available worldwide that cover key cognitive domains demonstrated to be related to a variety of functional outcomes. Novel composite scores are modelled to predict patient's functionality in daily life at short, mid and long term.

Objectives: We want to progress in the elaboration of specific algorithms first episodes of schizophrenia at different follow up periods by modelling cognitive performance to predict short, mid and long term functionality.

Methods: Data for the present investigation were obtained from an the epidemiological and three-year longitudinal intervention program of first-episode psychosis (PAFIP) conducted at the outpatient clinic and the inpatient unit at the University Hospital Marques de Valdecilla, Spain. The cohort is composed by 167 patients with a diagnose of Schizophrenia and 160 healthy controls recruited between February 2001 to February 2014. For all analyses, a subset of measures was selected corresponding to the EPICOG-SCH domains with the Rey Auditory Verbal Learning Test (RAVLT) task ifor Logical Memory. Functional outcomes were measured by the Disability Assessment Scale (DAS) and the General Assessment for Function (GAF) scales. Functional measurements were conducted regarding premorbid, baseline set at clinical stabilization and 1, 3 year follow-up, and cognitive assessments where conducted at baseline and 1, 3 years of follow up.

Results: A cohort of 122 patients and 114 Controls completed the study with a 3-year follow up were included in the analysis. Changes across evaluations is tested in patients and controls. A regression analysis including the different EPICOG-SCH subtests at baseline as predictors of functionality at the different time points to explore the best predictive algorithms at 1 and 3 years of patient's functionality in daily life following a first-episode.

Conclusions: The EPICOG-SCH brief battery is modelled to be a useful first to screen for the cognitive impact of schizophrenia in daily functionality daily life. This research work will validate the composite scores for a context of use of first-episodes schizophrenia and follow up. To date it has not been described an efficient and straightforward way for clinicians working with schizophrenia to