cognitive and/or functionality parameters. A qualitative synthesis was performed due to heterogeneity in data.
Results: According to the information collected through our systematic review, DD patients tend to perform worse than healthy control in tests assessing cognitive functions. Results are not as conclusive regarding comparison between DD and schizophrenia, with mixed outcomes. When it comes to functionality, results are not conclusive either, with some degree of evidence pointing towards a better functioning in patients with DD in comparison to patients with schizophrenia.
Conclusions: Results agree with many authors who consider both conditions as part of a psychosis spectrum. Cognitive interventions, such as cognitive remediation, must be studied for their potential role in the treatment of patients with DD.

Keywords: Delusional disorder; Systematic review; Functionality; cognition

EPP1200

Impact of a first psychosis program in clinical variables after two years of follow-up

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doi: 10.1192/j.eurpsy.2021.1411

Introduction: Early Intervention Services for Early-Phase Psychosis have shown efficacy and effectiveness (Correl C, JAMA). In Pamplona, Spain, there is an Early Intervention Program that has been providing multiprofesional assistance for First Psychotic Patients for the last two years.
Objectives: The aim of this study is to analize the longitudinal effects of the different interventions in several clinical variables applied to 240 patients during two years of follow-up : CASH dimensions, substance abuse, antipsychotic type and dosage, remission rates, re-hospitalization rates and DSM 5 diagnoses.
Methods: We apply an standard evaluation protocol to every patient at different times: premorbid, initial time and at months 6, 12, 18 and 24. We analyse the data with the SPSS statistical program to see the results in these variables.
Results: The positive and disorganized dimensions show an evident decline during the treatment. The doses of antipsychotic drugs are low and tend to decline. 87% of patients are in monotherapy. The most frequent DSM 5 basal diagnosis is Brief Psychotic Episode, but during de follow-up the Diagnosis of Schizophrenia increase from 14,6% at baseline up to 46,2% at month 24. The remission rates are about 65% after 24 months.
Conclusions: Early Intervention Services improve psychopathological dimensions, prevents from re-hospitalization, allows the use of lower doses of Antipsychotic Drugs and improve the rates of remission. However, the diagnosis of Schizophrenia is high, so there is no evidence that these programs prevents from chronicity, but provide a better quality of life.

Keywords: psychosis; early intervention; schizophrénia; First Psychosis Program

EPP1201

Symptoms of psychosis, depression, and suicide ideation among individuals in a first episode of psychosis: The mechanistic role of clinical insight and cognitive functioning

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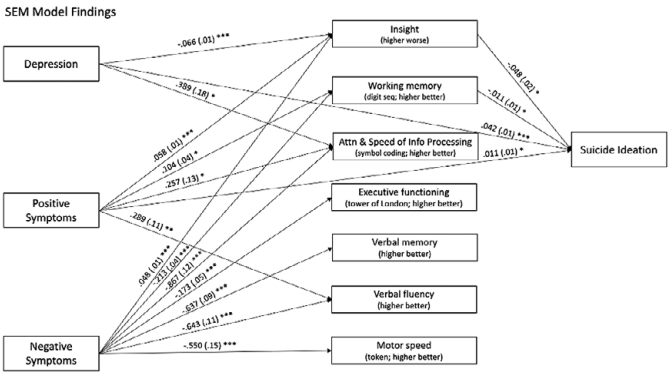
doi: 10.1192/j.eurpsy.2021.1412

Introduction: First-episode psychosis (FEP) is a particularly high-risk period in which risk for suicide death is elevated by 60% as compared to individuals in later stages of psychotic illness. Clinical insight and cognition have been studied in schizophrenia in relation to suicide ideation and attempt, yet, less is understood within the context of early-phase of illness and FEP.
Objectives: This study examined whether clinical insight and cognitive functioning served as a mechanism in the relationships between depression, positive symptoms, negative symptoms, and suicide ideation over time among individuals in FEP.
Methods: Data were obtained from the Recovery After an Initial Schizophrenia Episode (RAISE) project. Participants (n=404) included adults in FEP between ages 15 and 40. Structural equation modeling was used in Mplus8 to examine the proposed mediation model.
Results:



Clinical insight and working memory functioned as mechanisms in the relationships between depression, positive symptoms, negative symptoms, and suicide ideation. As depression decreased and positive and negative symptoms increased, clinical insight was shown to be poorer, which in turn related to decreased suicide ideation. As positive symptoms increased and negative symptoms decreased, working memory was shown to be stronger, which in turn related to decreased suicide ideation.
Conclusions: Implications surround the importance of cognitive testing and approaches aiming to strengthen cognitive functioning given the relationships between cognition and suicide ideation in FEP. Also, of importance, it is imperative practitioners have

awareness of the insight paradox given the complex and dynamic relationships between clinical insight and suicide thoughts and behaviors.

Keywords: insight; Suicide ideation; psychosis; Depression

EPP1202

Metacognition, symptoms and general functioning in patients with schizophrenia

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doi: 10.1192/j.eurpsy.2021.1413

Introduction: Poorer metacognitive abilities are recognized as strong predictors of social functioning deficits in individuals with schizophrenia.
Objectives: The aim of the current study is to examine metacognitive functioning in people with schizophrenia and to explore correlations between metacognition, symptoms and general functioning.
Methods: It was a cross-sectional study involving outpatients diagnosed with schizophrenia and followed in the psychiatry "C" department at Hedi Chaker university Hospital, in Sfax -Tunisia, between may and december 2018. Sociodemographic, clinical and therapeutic data were measured using self-reported questionnaires, and metacognition was assessed with the Metacognition Assessment Scale – Abbreviated version (MAS-A). The general functioning was measured with The Global Assessment of Functioning (GAF).
Results: A total of 74 participants participated in the study. The average age was 34.1 $\pm$ 11.8 years and the sex-ratio was 1.6. The average score of global assessment of functioning was 49.39$\pm$10. Means and standard deviations on MAS scores were as follows: self-reflectivity 4.18 (1.46), understanding of others' minds 3.20 (1.06), decentration 2.5 (1.8), mastery 2.54 (1.85), and the MAS total scores 12.42 (6.17). The results indicate that poor social functioning is associated with metacognitive difficulties ($r=0.27$, $p<10^{-3}$). Greater metacognition was significantly correlated with fewer negative symptoms ($r= -0.62$, $p<10^{-3}$), but metacognition was not significantly correlated with positive psychotic symptoms, cognitive disorganisation, excitement or emotional distress
Conclusions: These findings underscore the importance of interventions designed to enhance the patients' metacognitive capacities, that is, the more proximal capacities linked to poorer social functioning.

Keywords: General function; metacognition; schizophrénia; Symptoms

EPP1203

Green space and schizophrenia: A review

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doi: 10.1192/j.eurpsy.2021.1414

Introduction: Urban living has consistently been associated with higher risk of developing schizophrenia when compared to rural living. Exposure to green space has been associated with better mental health outcomes and, more recently, childhood exposure to green space has been linked with lower rates of schizophrenia. The reasons for these findings remain unknown, although lower levels of pollution and psychological factors may play a role.
Objectives: We aim to review the literature regarding exposure to green space and its relationship with the risk of developing schizophrenia.
Methods: We performed an updated review in the PubMed database using the terms "green space" and "schizophrenia". The included articles were selected by title and abstract.
Results: Growing up surrounded by non-urban environments is associated with lower schizophrenia rates. Upbringing in urban areas is associated with higher schizophrenia rates when compared with non-built-up areas. Schizophrenia risk seems to decrease with vegetation density in a dose-response relationship for urban and agricultural areas. Risk of schizophrenia has been found to be associated additively with green space exposure and genetic liability. No evidence for gene-environment interaction has been reported so far in this regard.
Conclusions: Exposure to green space during childhood appears to lower the risk of developing schizophrenia later in life and can be a preventive strategy. Further research in this area is needed.

Keywords: schizophrénia; Green space

EPP1204

Predictors of poor adherence in schizophrenia

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doi: 10.1192/j.eurpsy.2021.1415

Introduction: Schizophrenia is a chronic mental disorder that requires long-term treatment. Non-adherence to antipsychotics is common and associated with poor outcomes.
Objectives: Our study is aimed to describe the therapeutic adherence and to identify the factors associated with poor adherence among schizophrenic patients.
Methods: This was a cross-sectional study conducted at psychiatry consultation of the university medical center of Mahdia, Tunisia. Data collection occurred between the months of January and March 2018, including patients suffering from schizophrenia. The evaluation of adherence was performed using the MARS scale (Medication Adherence Rating Scale).
Results: In our sample of 131 schizophrenic patients, there is a male predominance (76%), as well as unmarried status (58.7%), unemployed (72%). The rate of non compliance treatment was 73%. Low levels of education, poor insight and polytherapy were associated to poor adherence. Although patients aged more than 40 years, who were married and diagnosed with undifferentiated schizophrenia were good compliant to treatment ($p<0.05$).
Conclusions: We suggest a proper treatment strategy for each patient based on the identification of non adherence risk factors.

Keywords: Schizophrenia; Antipsychotic drugs; Adherence; Non-adherence