

EPP1225

Quality of life assessment in patients with negative symptoms

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Introduction: One or more negative symptoms are present in 57,6% of patients with schizophrenia spectrum disorder [Bobes et al, 2010]. These symptoms are responsible for impaired social functioning and have impact on the quality of life. There are no epidemiological studies that analyse the prevalence of negative symptoms and their impact on life quality in Lithuania.

Objectives: To evaluate the impact of negative symptoms on quality of life in patients with schizophrenia spectrum disorder.

Methods: Participants were 48 adults with schizophrenia (n=36) or schizoaffective disorders (n=12). All participants provided informed consent. All participants were administered a sociodemographic data form, Brief Psychiatric Rating Scale (BPRS), Mini-International Neuropsychiatric Interview (MINI). Negative symptoms were assessed by the Self-evaluation of Negative Symptoms (SNS). The Short-Form Health Survey (SF-36) was used to measure health-related quality of life.

Results: The results of SF-36 scales significantly correlated with SNS subscales. All SNS subscales correlated with general health result, vitality, social functioning and emotional well-being as well as in overall quality of life. Significant correlations were observed between the total scores of SNS and physical activity ($r=-0,404$, $p=0,004$), general health ($r=-0,626$, $p<0,001$), vitality ($r=-0,683$, $p=0,004$), social functioning ($r=-0,53$, $p<0,001$), role limitations ($r=0,354$, $p=0,014$), emotional well-being ($r=-0,662$, $p<0,001$) in SF-36 scales.

Conclusions: Negative symptoms of schizophrenia such as social withdrawal, diminished emotional range, alogia, avolition and anhedonia are associated with impaired quality of life. We found a strong relation between negative symptoms and quality of life, however further studies can support this point of view.

Keywords: negative symptoms; schizophrenia; SNS scale

EPP1221

Falling into a burning ring of fire: A case of psychosis unmasking hidden neurosyphilis

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Introduction: The first description of syphilis was made in Europe around the year 1493, and although perceived as a disease relegated to its historical importance, recent studies demonstrate that the prevalence of these infections is on the rise. Spanning decades after initial infection, 30% of affected individuals without treatment may develop

tertiary syphilis, which includes neurosyphilis. Its notoriously “chameleon-like” presentation implies the necessity to not overlook neurosyphilis as a differential diagnosis in psychiatric settings.

Objectives: Case report study and discussion.

Methods: The authors present a case of affective and psychotic symptoms (including auditory and visual hallucinations and persecutory delusions) of rapid onset in a 61-year old woman without prior psychiatric history. A clinical investigation was conducted, which subsequently revealed a positive Venereal Disease Research Laboratories (VDRL) test. A lumbar puncture was performed and cerebrospinal fluid analysis confirmed neurosyphilis.

Results: Steady improvements in initial psychopathological manifestations were noted after completing recommended treatment for neurosyphilis. After discharge, the patient was medicated with an antidepressant and antipsychotic, demonstrating a complete return to baseline mentation and functionality on follow-up.

Conclusions: This case demonstrates the vital importance of considering syphilis in our differentials, especially due to the wide range of manifesting psychiatric symptoms. Although considered a disease of the past, this case reminds us that syphilis remains present in our society and its timely diagnosis and treatment can ameliorate the debilitating psychopathological manifestations of the disease. Due to the potential difficulties in identifying this great imitator, routine screening tests are still recommended in the psychiatric setting.

Keywords: psychosis; Neurosyphilis; differential diagnosis

EPP1225

Satisfaction of the quality of life in patients with schizophrenia

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Introduction: Schizophrenia is a chronic mental disorder that has a significant impact on quality of life satisfaction in patients with schizophrenia.

Objectives: The objective of this study was to examine the impact of socio-demographic factors and psychotic symptoms on quality of life satisfaction in patients with schizophrenia.

Methods: Participants were outpatients of Hedi chaker University Hospital Center in sfax, Tunisia, recruited between January and July of 2019, diagnosed with schizophrenia or schizoaffective disorder. A Demographic questionnaire, the Positive and Negative Syndrome Scale (PANSS) and The Quality of life satisfaction and enjoyment Questionnaire (Q-LES-Q) were administered in this study.

Results: 50 patients were included in this study with an average age $40,80 \pm 9,7$. The majority of patients were single (72%), unemployed (60%), without medical heredity (80%) and living with their families (92%). The average score of the positive symptom scale (PANSS) was 17.46 (SD = 9.1), the negative symptom scale (PANSS) was 12.35 (SD = 7.4) and the psychopathological scale (PANSS) was 27.83 (SD = 14.7). the higher the score of the positive symptom scales ($p < 10-3$) the negative scale score ($p < 0.002$) and the