

## EPV1744

### Constipation in patients with schizophrenia admitted to the Arrazi psychiatric hospital in Salé

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**Introduction:** Constipation is a common side effect of anti-psychotic drugs [1] that has not received much attention. In patients treated with clozapine, constipation may be the most common side effect, affecting one in three patients [2, 3]. Cases of delayed detection of symptoms of constipation or inadequate treatment of constipation have resulted in paralytic ileus, faecal impaction, intestinal obstruction and even death [4,5]. However, other risk factors for constipation are also common in people with schizophrenia, such as low socio-economic status, a sedentary lifestyle, and illnesses and medications associated with constipation.

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**Objectives:** To assess constipation in patients with schizophrenia hospitalised at the Arrazi psychiatric hospital in Salé and to study the factors associated with these symptoms: socio-demographics, lifestyle, psychotropic drugs, other drugs and co-morbidities such as diabetes and obesity.

**Methods:** This was a descriptive cross-sectional study using a questionnaire including sociodemographic and clinical criteria as well as questions on the lifestyle of hospitalised patients with schizophrenia to assess constipation in these patients and study the factors associated with these symptoms.

Exclusion criteria: intellectual disability.

**Results:** A total of 167 patients admitted to the psychiatric hospital for management of schizophrenia were collected. Approximately 69% were male. Adherence to antipsychotics was poor in most patients. 53% were on haloperidol, 25% on olanzapine and 12% on clozapine. Diabetes was present in 21% of patients. Constipation was present in 57% of patients. Most participants had a lifestyle without physical exercise and a balanced diet.

**Conclusions:** Constipation is common in patients with schizophrenia on antipsychotics, with the risk of complications sometimes severe. It is recommended that clinicians assess antipsychotic-induced constipation and manage it effectively.

**Disclosure of Interest:** None Declared

## EPV1743

### Comprehensive Management of Severe Mental Disorders: The Synergy between Multifamily Groups and Psychopharmacology

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**Introduction:** The treatment of severe mental disorders benefits significantly from a multidisciplinary approach that integrates,

among others, psychopharmacology and psychotherapy. The intervention with multifamily groups (MFG) shows multiple benefits for this patient profile. Its positive effects include reducing relapse rates, increasing treatment adherence, improving socio-occupational and family functioning, and reducing stress and family burden. When implemented optimally, it can be an effective tool that complements other treatment options, such as psychopharmacology and other psychosocial interventions.

**Objectives:** To describe a clinical case of severe mental disorder, emphasizing the special relevance of a comprehensive approach.

**Methods:** The case of a 46-year-old woman, with no prior mental health history, is described. She began follow-up after experiencing several psychotic episodes induced by substance use (cannabis). It was agreed with the patient to start psychopharmacological treatment and a psychotherapeutic approach by incorporating her into the center's Multifamily Group (MFG). Initially, she received treatment with olanzapine 15 mg maximum daily dose (MDD), but it was discontinued due to the metabolic syndrome that appeared as a side effect. Treatment with lurasidone 74 mg MDD was then started, but it was also eventually discontinued due to intense akathisia. During the three years of follow-up, the patient remained abstinent from cannabis, without psychopharmacological treatment, and received intensive therapy in the MFG. Over time, her delusional ideation of persecution and self-referential clinical symptoms progressively subsided until resolution.

**Results:** During a session of the MFG, in the context of several stressful situations (her son moving out of the family home, personal experience with the stigma of mental illness after a reading in the MFG, and frequent arguments with her husband), the patient reported delusional ideation and self-referentiality again, predominantly affecting her emotional state. In agreement with the patient and considering the side effects previously experienced with other antipsychotics, it was decided to initiate treatment with Brexpiprazole at progressively increasing doses until reaching 4 mg MDD, with good tolerability and clinical efficacy.

**Conclusions:** This case highlights the particular importance of adopting a multimodal approach for the effective management of severe mental disorders, which can optimize clinical outcomes, promote more sustainable recovery, and improve the quality of life for patients.

**Disclosure of Interest:** None Declared

## EPV1744

### An Assessment of The Long-Term Effects of Electroconvulsive Therapy On Cognitive Functioning In Patients With Schizophrenia

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**Introduction:** In schizophrenia, cognitive symptoms emerge in the early period and are among the core symptoms. This study aimed to investigate the long-term effect of electroconvulsive therapy on the cognitive functions of schizophrenia patients.

**Objectives:** In schizophrenia, cognitive symptoms emerge in the early period and are among the core symptoms. This study aimed to