

EPV0950

Prevalence of diabetes and insulin resistance in patients with diagnosis of schizophrenia or other psychotic disorders

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Introduction: Contrary to classical belief, people affected by this disease are at greater risk of developing organic pathologies. This risk has a very complex origin: a greater exposure to risk factors and specific socioeconomic conditions, a high prevalence of risk behaviors, the use of antipsychotics, and a potential common genetic background. (Reynolds *et al.* Int. J. Neuropsychopharmacol. 2021; 24 854–855, Suvisaari *J et al.* Curr Diab Rep. 2016 16). Multiple studies demonstrate that Schizophrenia confers a high endogenous risk of Diabetes. Before patients diagnosed with Schizophrenia start taking antipsychotics (Andreassen OA *et al.* Am J Psychiatry. 2017;174 616–617), they have an approximately 3 times higher risk of developing Diabetes compared to the general population. The risk increases 3.6 times after the initiation of antipsychotic treatment compared to drug naive patients (Annamalai A *et al* World J Diabetes. 2017 390–396)

Objectives: To study the association between Schizophrenia or other Psychotic Disorders and Diabetes Mellitus in a sample of patients diagnosed with Schizophrenia or other Psychotic Disorders.

Methods: This is a Descriptive and Cross-sectional Observational Study. Clinical Histories were reviewed and a personal or telephone interview was established to expand data related to the objectives of the study. The patients were recruited among the patients seen in the specific Severe Mental Disorder consultation who had a diagnosis of schizophrenia or other Psychotic Disorders, according to DSM 5-TR criteria.

Results: From a sample of 93 patients, 24 had Diabetes. The Prevalence of Diabetes in patients with Schizophrenia or other Psychotic Disorders was 25.8%. Of the patients without a diagnosis of Diabetes, 15 of them had values of Glycosylated Hemoglobin (HbA1c) for Prediabetes. Using the Chi-Square Test, statistically significant differences were found between the variable Main Psychiatric Medication and Diabetes. Patients treated with Clozapine, Aripiprazole and Olanzapine had a Prevalence of Diabetes of 40.9%, 33.3% and 28.5%, respectively.

Conclusions: Prevalence of Diabetes in our sample was 3.4 times higher than the 7.51% of the general population in Spain. This presumes a significant importance and impact on the health of these patients. The diabetic patients in our sample were diagnosed with Diabetes years after the diagnosis of the mental illness, which seems to indicate that the causes have to do with lifestyle, dietary

habits, weight, and exposure to chronic antipsychotics. Premature death in schizophrenia has several explanations, being of special importance the development of cardiovascular disorders and Diabetes. This can be due to many reasons, but it is worth highlighting the metabolic side effects of some antipsychotics and lifestyle. In this sense, it is essential to carefully monitor this group of patients.

Disclosure of Interest: None Declared

EPV0951

Grading of Recommendations of psychological interventions in the rehabilitation of patients with schizophrenia

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Introduction: As part of the intervention, patients with severe schizophrenia who are cared for in psychiatric rehabilitation units need psychological treatments. However, there is great variability within the psychotherapy alternatives that are proposed for rehabilitation in schizophrenia, and it is necessary to know which are the most efficient interventions in order to prioritize their inclusion in intervention programs.

Objectives: To know the level of evidence of the existing psychotherapy alternatives for the rehabilitation treatment in schizophrenia through the systematic review of recently published studies.

Methods: Consecutive systematic searches in the scientific literature were used in a sensitive and specific way, aimed at identifying the existence of documents in databases and clinical practice guidelines based on evidence of psychological treatment in schizophrenia. Psychosocial and social approaches and family members interventions were excluded, and the search was limited to the last 5 years. The PICO format has been used, and a subsequent critical reading using the AGREE II tool, considering the inclusion criteria of presenting a score >60% in 4 domains.

Results: The following interventions have been found to be therapeutically effective: Level 1B (Early intervention in Psychosis; Patient and Family psychoeducational intervention; Basic and social skills training; Social cognition and Metakognition training; Cognitive Remediation; Cognitive Behavioral Individual Therapy; Assertive Community treatment; Supported employment). Level 2B (Family Problem Solving Therapy, Dynamic Psychotherapy; Cognitive Behavioral Group Therapy); Level 2C (Horticultural, Art, Music, Animals Therapies).

Conclusions: Several psychotherapy alternatives are proposed for rehabilitation in schizophrenia, with known level of evidence in order to prioritize their inclusion in intervention programs.

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