

Conclusions: Valproate-induced hyperammonemic encephalopathy is an unusual but serious complication. It is often underdiagnosed, with an unclear incidence. The consequences of undertreatment can be potentially deadly. Clinical suspicion should be established in all patients with decreased level of consciousness in patients receiving VPA. Hyperammonemia can be asymptomatic in half of the cases and can occur in people with normal therapeutic doses and normal serum valproate levels. The mechanism of VPA-induced hyperammonemic encephalopathy is unclear. At present, it is thought to be primarily due to propionic acid, a metabolite of VPA, which inhibits an enzyme necessary for the elimination of ammonia in the urea cycle. In addition, VPA can raise plasma ammonia levels through interaction with carnitine, leading to increased renal excretion of carnitine. In terms of treatment, the main recommendations agree that discontinuation of valproate is the most effective therapy, followed by administration of lactulose to reduce ammonium levels. Carnitine supplementation may be useful in the following cases: for seizure disorders in children at risk of developing carnitine deficiency, in VPA poisoning and in VPA-induced hepatotoxicity.

Disclosure of Interest: None Declared

EPV0938

PREVALENCE OF SUICIDAL IDEATION IN PATIENTS WITH SCHIZOPHRENIA TREATED AT THE PSYCHIATRIC OUTPATIENT CLINIC OF A TEACHING HOSPITAL

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Introduction: Patients with schizophrenia tend to have high rates of suicidal ideation (SI), which consists of thoughts of self-destruction, which increase the risk of self-extermination.

Objectives: To determine the prevalence of SI and investigate associated factors in a sample of patients with schizophrenia.

Methods: Descriptive and cross-sectional study, in which 49 patients with the condition were selected by convenience, treated at the Psychosis Outpatient Clinic of the Base Hospital of São José do Rio Preto/SP, between August/2021 and March/2022. The following were applied: 1) Sociodemographic Questionnaire, 2) Suicide Ideation Section of the Columbia Suicide Risk Assessment Scale (SISC-SSRS), 3) Suicide Risk Questionnaire from the Mini International Neuropsychiatric Interview (SRQ-MINI). Data were analyzed quantitatively (descriptive statistics and non-parametric tests; $p < 0.05$). The study was approved by the local Research Ethics Committee.

Results: The age of the participants ranged from 17 to 72 years (mean=45.8 $\pm$ 14.02), most were male ($n=34$; 69.4%), had not completed elementary school ($n=25$; 51%), did not have a paid job ($n=41$; 83.7%) and had a family income of up to three minimum wages ($n=23$; 46.9%). 40.8% ($n=20$) reported at least one suicide attempt. According to the SISC-SSRS, in the last month: 22.9% ($n=11$) wished they were dead; 18.8% ($n=9$) thought about killing themselves; 12.5% ($n=6$) considered how they could perform the

act; 10.4% ($n=5$) had intention and active planning; and 10.4% ($n=5$) persisted for the purpose of execution. The mean of affirmative answers was equal to 0.75 ($\pm$ 1.55). In turn, in the SRQ-MINI, 79.6% ($n=39$) had a score indicating low risk for suicide, 18.4% ($n=9$) high risk and 2% ($n=1$) moderate risk. The overall mean was 5.77 ($\pm$ 10.31), which indicates a moderate risk for suicide. There was a non-significant negative correlation between the risk of suicide and the factors of education ($r = -0.20$; $p=0.15$) and family income ($r = -0.21$; $p=0.13$). There was a significant positive correlation ($r=0.81$; $p=0.0001$) between the SISC-SSRS and SRQ-MINI, which indicates that despite the adapted use of the instrument, there is consistency and reliability in the results.

Conclusions: The sample showed low rates of active SI and variation between low and moderate risk for suicide. SI should be asked to patients with schizophrenia, with a view to preventing suicidal behavior.

Disclosure of Interest: None Declared

EPV0939

ADDICTION AND THE EVOLUTION AND COMPLIANCE OF SCHIZOPHRENIC PATIENTS

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Introduction: Schizophrenia is a chronic illness, affecting approximately 1% of the general population. The more chronic a treatment is, the poorer the quality of adherence. In fact, approximately 60% of patients with schizophrenia are incompletely or non-adherent within one year of the first episode. Poor adherence has consequences in terms of clinical status, quality of life and psychosocial functioning due to associated relapses. One of the main factors of poor compliance is the use of addictive substances. Half of schizophrenic patients have, or have had, an addictive comorbidity during their life. Moreover, schizophrenic patients with addictive comorbidity have a more severe symptomatology and have more associated physical, psychological and social problems, representing a challenge in the management

Objectives: The objective of our work is to evaluate the impact of addictive comorbidity on medication adherence and relapse.

Methods: This is a cross-sectional study, carried out in patients with schizophrenia hospitalized or followed in ambulatory consultation, at the psychiatric hospital Ar-razi of Salé. The data collection (sociodemographic, clinical and therapeutic) is carried out by a questionnaire established for this purpose. The use of substances is evaluated according to the DSM-V criteria

Results: A total of 110 schizophrenic patients were followed or hospitalized, of which 61.8% had a substance use disorder. The average age of onset of substance use was 18 years. The duration of substance use ranged from 1 to 11 years and up to 49 years for tobacco and cannabis. 72% of the addicts tried to stop their use alone or in outpatient settings, only 17% in inpatient settings. The average duration of abstinence was 11 months and ranged from 1 to

18 years. 81% reported remission of the disease after abstinence. The hospitalization rate was 88.2% for addicts versus 85% for non-addicts. The number of hospitalizations was 180 for addicts versus 78 for non-addicts. The cumulative duration of hospitalization is 208 months against 96 months for addicts. The duration of remission is 5 months for addicts and 24 months for non-addicts. 71% of non-addicts patients have well observed their treatment against 57% of addicts

Conclusions: The weight of co-morbid addictions represents between 1/5 and 1/3 of the factors at stake in the compliance and the risk of relapse of patients suffering from schizophrenia. The development of specific care strategies for a global management of addiction and schizophrenia should be a priority.

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EPV0940

Schizophrenia: the announcement of the diagnosis

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Introduction: For many years, the question of the announcement of the diagnosis in psychiatry has been controversial. It is the starting point of a management allowing access to psychoeducation and to the patient's recovery. In the case of schizophrenia, the cognitive impairment and the stigmatizing nature of the pathology jeopardize the announcement of the diagnosis. However, recommendations and legislation emphasize the need to inform the patient about his or her pathology. In Morocco, the law n° 131-13 of February 19, 2015 relating to the practice of medicine has made information about the diagnosis to patients an obligation for doctors and a right for patients

Objectives: The interest of our work is to try to evaluate the current state of this practice, its ethics and its representations among psychiatrists.

Methods: This is a descriptive study on the announcement of the diagnosis of schizophrenia in a population of psychiatrists. The data collection was carried out by a questionnaire including: Socio-demographic and professional data, opinion on practice and training concerning diagnostic announcement in psychiatry, physicians' representations concerning announcement: frequency, opinion on the importance of this practice.

Results: 31 participants responded to our questionnaire. More than 9 out of 10 participants would not benefit from training on diagnostic announcement. Only 22.6% of physicians reported being very or somewhat familiar with medical information laws and their content regarding the regulation of diagnostic announcement. All participants considered schizophrenia to be the most difficult pathology to announce, followed by personality disorders and bipolar disorder. 74.2 of the participants considered it "rather" or "completely" essential to inform the patient of his or her psychiatric diagnosis. 77.4% of the participants considered it necessary to announce the diagnosis of schizophrenia and 80.7 often or systematically announce this diagnosis. Three situations considered appropriate to announce a diagnosis of schizophrenia: 74.2% announce it in general when the patient or the family asks for

information about the diagnosis, 42% advise the patient when he/she mentions schizophrenia on his/her own. The patient's functional inability to understand the diagnosis (77.4%) and the fear of negative clinical and therapeutic repercussions (41.9 and 38.7 respectively) were reported to deter physicians from making the announcement. More than half of the participants (64.5%) thought that the announcement of the diagnosis improved therapeutic compliance. Conversely, 35.5% considered that the announcement had no impact on therapeutic compliance.

Conclusions: The announcement of the diagnosis of schizophrenia remains today a complex and evolving subject. Even if great progress has been made to inform patients as well as possible, practices remain disparate from one doctor to another and this information is not well traced.

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EPV0941

Anxiety and depression in natural caregivers of patients with schizophrenia

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Introduction: Natural caregivers of patients with schizophrenia constitute a main source of care as they have to shoulder a multitude of caregiving responsibilities and are then confronted with considerable difficulties while providing care. As a result, natural caregivers, often described as "the hidden patients" usually suffer from psychological consequences such as anxiety and depression.

Objectives: This study aimed to assess anxiety and depression among natural caregivers of patients with schizophrenia and to identify risk factors for developing such disorders.

Methods: We conducted a cross-sectional, descriptive and analytical study, including 80 natural caregivers of patients with schizophrenia. We used the Hospital Anxiety and Depression Scale (HADS) to evaluate anxiety and depression.

Results: The typical caregiver profile was consistent with a 55-year old married illiterate first degree relative (mostly parents or spouses) with a low socio-economic level.

The mean anxiety score was 10.6 ± 5.1 and the mean depression score was 11.6 ± 6.2 . Depression and anxiety were diagnosed in 66% of caregivers.

Anxiety and depression scores were significantly higher among female illiterate unemployed caregivers, those with organic history and among parents and correlated with the caregiving duration.

Anxiety scores were higher when patients in charge had poor therapeutic adherence and aggressive behavior and correlated with the age of caregivers and the number of other sick persons in charge. Caregivers reported higher levels of depression when patients in charge were not married, unemployed and had a history of suicide attempts.

Anxiety score were significantly correlated with depression scores.

Conclusions: Caregivers of patients with schizophrenia, although thought to be a privileged source of emotional and social support,