

cognitive impairment. Information was collected from patients and from their medical records using a pre-established questionnaire. The scale of social autonomy (EAS) of Legay with 17 items grouped into 5 dimensions was used for the evaluation.

Results: The general characteristics of the 360 schizophrenic patients who met the inclusion criteria, revealed an average age of 40.2 years, a sex ratio of 2.33, a majority of single (55.8%), a low level of education (66.7%), an absence of professional activity (67.3%) and a deteriorated socioeconomic level (68.6%). Clinical Characteristics noted an average onset age of the disorder of 26 years, an average duration of evolution of 14 years and a preponderance of the residual type and of the episodic evolutionary course with residual symptoms between episodes respectively in 40.6 and 76.4%. The average of EAS scores were 39.08. Three quarters of the population (75.7%) had a score below 59. 24.3% of patients had scores between 60 and 108 signifying impaired social autonomy.

Conclusions: The evaluation of effective social autonomy is essential for any therapeutic project considering psychosocial integration and rehabilitation of schizophrenic patients.

Disclosure of Interest: None Declared

EPV0996

Schizophrenia and hetero-aggressiveness: Management and aggravating factors

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Introduction: Schizophrenia is a severe mental illness but especially important in terms of its impact on the subject. The stigmatization of these patients is major, leading to a significant decrease in their quality of life. This is partly due to the media coverage of the rare cases of hetero-aggression.

The aggressiveness of schizophrenic subjects remains poorly known and little studied.

Objectives: The objectives of our study are to determine whether the prescription of second-generation antipsychotics is associated with lower levels of aggression than the prescription of first-generation antipsychotics and to identify aggravating factors.

Methods: Materials and methods: We used an anonymous questionnaire based on, in addition to individual status and conditions, a self-administered questionnaire to assess the degree of aggression (the Buss and Perry Aggression Questionnaire (BPAQ)).

Results: Our study demonstrated superiority of second-generation antipsychotics in preventing aggression in subjects with schizophrenia, as well as an association between increased aggression and low insight, low compliance and low social support. In addition, younger age, male gender, and lower education were associated with increased aggression.

Conclusions: The prevention of aggression would then begin with the management of psychotic symptoms and comorbid disorders, as well as work on the compliance and insight of these patients. However, the aggressive dimension persists in some of them.

Disclosure of Interest: None Declared

EPV0997

Catatonia: Development of a neuropsychiatric entanglement through a clinical case

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Introduction: Catatonia is a transnosographic and potentially fatal syndrome, most often associated with mood disorders or schizophrenia, but can also develop in autistic disorders, dementia, as well as in general medical conditions such as epilepsy, autoimmune encephalitis, hypercalcemia, hepatic encephalopathy, or diabetic ketoacidosis.

Objectives: the objective is to understand the semiology and treatment of catatonic syndrome in a clinical case

Methods: Clinical case

Results: The work we present is based on a clinical case of a patient with schizophrenia presenting a catatonic syndrome, of which a neurological cause was first evoked but after clinical investigations the diagnosis of schizophrenia was retained and currently the patient is stabilized on Clozapine. It is imperative to recognize a catatonic syndrome in order to treat it quickly, as some of the etiologies that cause this syndrome and the consequences of the syndrome itself can be life-threatening.

Conclusions: Catatonia remains a subject of research for centuries, the diagnosis is clinical, based on a set of criteria grouped in the DSM5, its etiologies are psychiatric and organic including neurological. Rapid diagnostic and therapeutic management is essential to avoid life-threatening complications.

Disclosure of Interest: None Declared

EPV0998

Moroccan suicidal schizophrenics: Case study in arrazi hospital of sale

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Introduction: Schizophrenia is a severe, common, chronic mental disorder with a prolonged and disabling course, having a high social impact.

Mortality is two to three times higher in schizophrenic patients than in the general population.

Suicide is the main cause of death in patients with schizophrenia. In spite of great efforts in preventing such deaths, suicide rates have remained alarmingly high, highlighting the need for a better understanding of the phenomenon.

Objectives: The objective of this work is to determine the prevalence of suicide in schizophrenic patients, to investigate the main risk factors in these patients and the characteristics of suicide and the therapeutic management of the patients.

Methods: This is a retrospective study on medical records about 43 patients (32 men / 11 women) who were admitted to the Arrazi Hospital in Salé, from september 2021 to september 2022, using an operating form grouping socio-demographic criteria of the patients, personal and family history, characteristics of the suicide attempt and management.

Results: In this study, 75% were male and 25% were female with an average age of 34.5 years. The existence of a personal history of suicidal ideation, plans and attempts is a major risk factor for suicide. The lethality of the means used reflects a higher degree of suicidal intentionality. Clozapine, in particular, plays a protective role by reducing the rate of suicides and suicide attempts.

Conclusions: Despite therapeutic progress, the prevalence of suicide among patients suffering from schizophrenia is still high. The prevention of suicide in these patients remains fundamental, as does the reduction of positive or negative symptoms, the improvement of quality of life, the reduction of the handicap caused by this illness and the fight against the stigmatization of patients.

Disclosure of Interest: None Declared

EPV0999

Does prescribing long acting antipsychotic injection increase mortality or morbidity in patients who continue to use illicit drugs?

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Introduction: Substance use disorders among individuals with psychotic disorders are a common. This is generally linked to more symptoms, worsened illness and high rates of treatment non-adherence. Long acting injections offer reliable drug delivery, reduce relapse risk and mortality (Khan et al 2016, Correll et al 2020) and can be used in individuals using illicit substances (Coles et al 2021, Erdogan et al 2021).

Objectives: Aim was to look at literature comparing morbidity and mortality between oral versus long acting antipsychotics in patients with Schizophrenia and psychotic disorders who are currently using illicit drugs.

Methods: A literature search was conducted using keywords long acting antipsychotic injection / depot and substance use on databases EMBASE, Psychinfo, Medline and CINAHL.

Results: A review of psychopharmacological properties of first and second generation LAI (Taylor 2009) noted that use is complicated by adverse effects and confusion over dose response relationships. Atypical antipsychotics may induce direct cardiovascular alterations, probably through apoptotic effect of dopamine receptor D2 (DRD2) blockade. A cross sectional study (Dehelan et al 2021) looked at cardiac ejection fraction (EF) in 123 patients with Schizophrenia or Schizoaffective disorder on Aripiprazole, Olanzapine, Paliperidone and Risperidone Long acting injections. A trend was observed indicating that patients treated with an antipsychotic associated with a lower affinity for the DRD2, such as Olanzapine, have higher EF values than patients treated with

antipsychotics with a stronger binding to the DRD2, such as Paliperidone and Risperidone. Patients receiving Aripiprazole, which has the strongest affinity for the DRD2 from all four antipsychotics but is also a partial DRD2 agonist, display higher EF values than those on Paliperidone and Risperidone.

A critical systematic review and meta-analysis of randomised long term trials looking at oral vs depot antipsychotic drugs for Schizophrenia (Leucht, Claudia et al 2011) included 10 studies. Relapse was significantly reduced in patients on long acting injections. There was limited data on non-adherence, drop outs and adverse events. This data revealed no significant differences. There is concern with methodological issues in trials and possibility of bias.

Another systematic meta review of randomised controlled trials of long acting antipsychotic injections (Adams Clive et al 2001), found no difference in adverse effects in long acting injections vs oral medications but small benefit on global outcome measure (relapse).

Conclusions: Larger studies of populations of patients who are using illicit substances and are on long acting antipsychotic injections are required to discern differences in long term adverse effects in this population .

Disclosure of Interest: None Declared

EPV1000

Attitudes towards a Compassion Focus Therapy Group for Psychosis: A Survey of Service Users and Clinicians

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Introduction: The Living Through Psychosis (LTP) programme at St Patrick's Mental Health Services, Ireland (SPMHS) is heavily informed by the Compassion Focus Therapy (CFT) for Psychosis model. LTP offers an opportunity for service users to develop compassion skills to cope with emotional and psychological challenges relating to living with psychosis; and to develop their capacity to for a mindful, non-judgemental and compassionate awareness of distressing thoughts and images.

Objectives: This (ongoing) online survey explores both service user and clinician attitudes towards the CFT-informed LTP group. We also aim to identify any potential concerns that might demotivate referrals to LTP and similar programmes, and to explore what are judged to be its benefits. The study also provides an opportunity to develop and improve the LTP programme to best fulfil service users' needs.

Methods: The online survey is concise and responses are anonymous. Clinicians and service users complete similar-but-separate sets of questions that are adapted for relevancy and wording. The survey mainly consists of Likert Scale questions in relation to potential participation in, or referral to, LTP (after a visually-aided description of LTP is provided online within the survey). Using convenience sampling, the survey has been distributed among clinicians and service users through email and Internet advertisements within SPMHS and psychosis organisations such as Psychosis Ireland.