

Objectives: To develop a multidimensional scale for monitoring insight in schizophrenia patients

Methods: A scale with 9 insight dimensions has been developed: appreciation of symptoms, acceptance of the cause, clinical and functional repercussions, limitations and level of competence, expected evolution and prognosis, therapeutic, and other factors. risk of decompensation. Each dimension is weighted from 0-4 points, and the result is expressed numerically and graphically. The scale was administered to 60 patients with schizophrenia on three occasions. The initial one by two psychiatrists consecutively, and the third three months after stable treatment. Other clinical and sociodemographic variables were also collected.

Results: In the analysis, reliability, internal consistency, and intra- and interobserver reliability, logical, content, criterion and construct validity were assessed, obtaining satisfactory results in Cronbach's coefficients and Pearson's correlation (> 0.7 and > 0.8).

Conclusions: The scale has good reproducibility, validity, sensitivity and utility characteristics, which allow its use in patients with schizophrenia.

Disclosure: No significant relationships.

Keywords: insight; scale; schizophrenia

EPV1320

Lennox-Gastaut and Schizophrenia: Comorbidity or complication?

Z. Bencharfa*, Y. Amara, L. Tbatou, S. Belbachir and A. Ouanass
University Hospital Center Ibn Sina, Ar-razi Psychiatric Hospital, Salé, Morocco

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1974

Introduction: Lennox-Gastaut syndrome (LGS) belongs to the group of severe childhood epileptic encephalopathies and represents 1 to 2% of all childhood epilepsies. It is characterized by the occurrence of generalized epileptic seizures, characterized by a particular pattern of the electroencephalogram; slowed mental development and personality disorders.

This syndrome appears between the ages of 2 and 7 years, and its management remains difficult, as it is generally refractory to conventional treatment. The long-term prognosis of this syndrome is poor, marked by the presence of periods of regression of cognitive functions, the appearance of frontal or even psychotic signs and extrapyramidal and cerebellar signs.

Objectives: We will try to throw a clinical case, to discuss the evolution of Lennox Gastaut syndrome towards schizophrenia, which remains an infrequent complication, and to determine what would be the adequate management of these patients?

Methods: We report the case of a 16-year-old patient, followed for Lennox Gastaut syndrome since the age of 03, who presented to the psychiatric emergency room for psychomotor agitation, geophagia and altered general condition. The admission interview showed a patient with motor instability, disorganized speech, delusional persecution syndrome, auditory and intrapsychic hallucinations, suicidal ideations in the context of mental automatism, impaired judgment and insight, and insomnia.

The blood tests and the brain CT scan came back without any particularities.

Results: The patient was put on Risperidone, Valproate sodium, Lamotrigine and Clobazam, with good clinical evolution.

Conclusions: The cognitive consequences are catastrophic, 85 to 92% of the patients have a progressive cognitive deterioration, in spite of the reduction of the frequency of the seizures and the improvement of the paroxysmal EEG anomalies.

Disclosure: No significant relationships.

Keywords: Psychosis; Lennox-gastaut; evolution

EPV1321

Polypharmacy and relapse of schizophrenia: are they related?

R. Softic^{1*}, S. Osmanovic² and N. Becarevic¹

¹University Clinical Center Tuzla, Of Psychiatry, Tuzla, Bosnia and Herzegovina and ²Health Center Brčko, Of Psychiatry, Brčko, Bosnia and Herzegovina

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.1975

Introduction: Polypharmacy can be the cause of deliberate discontinuation of medication and consequent relapse of schizophrenia.

Objectives: To establish the one-year rate of relapse in the patients with schizophrenia with regard to monotherapy or polypharmacy.

Methods: The sample of all hospitalized patients with schizophrenia in a five-year period was analyzed. Descriptive statistics were used.

Results: Total of 87 participants (57 women), the median age was 43 years. Antipsychotic monotherapy was used in 31 (35.6%) of the participants. In one year period, 32 (36.8%) of all participants had a relapse. Prior to relapse, significantly more participants were treated with polypharmacy ($p < 0.05$).

Conclusions: Antipsychotic polypharmacy is related to a higher rate of relapse in patients with schizophrenia.

Disclosure: No significant relationships.

Keywords: schizophrenia; Relapse; Polypharmacy

EPV1323

Athens multifamily therapy after a first psychotic episode: Online therapy during the COVID-19 pandemic

M. Selakovic^{1,2,3}

¹National and Kapodistrian University of Athens Medical School, Eginition Hospital, First Department Of Psychiatry, Athens, Greece;

²GH "Sismanogleio", Department Of Psychiatry, ATHENS MELISSIA, Greece and ³National and Kapodistrian University of Athens Medical School, Eginition Hospital, First Department Of Psychiatry, Athens, Greece

doi: 10.1192/j.eurpsy.2022.1976

Introduction: The Athens Multifamily Therapy Project (A-MFTP) aims to provide systemic multifamily group therapy to youths who experienced a first psychotic episode (FEP) and their families

Objectives: Since 2017, we run five groups of five-four families, with a duration of ten months and frequency every two weeks.