2022 on 80 caregivers of schizophrenia patients followed up at the psychiatric consultations of the University Hospital of Mahdia. The evaluation of the burden experienced by the caregiver was carried out using the "SCQ" Schizophrenia Caregiver Questionnaire Version 1.0.

Results: The average age of the caregivers was 57.1 years with 54% of them being male. 71% of the caregivers were married with 81% of them being educated and 19% being illiterate. 45% of the caregivers were still active with 58% of them having an average socioeconomic level. Parents represented 59% of caregivers, siblings 29% and spouses 14%. They lived with the patients in 96% of cases and took care of another family member in 37.5% of cases. 89% of the caregivers were taking care of the patients for a period of more than 5 years and in 77.5% of the cases, these caregivers requested specialized help. 75% of patients were completely dependent on the caregiver.

37.5% of caregivers had a severe level of burden. Four factors were found to be predictive of severe burden: low education level of the caregiver, low socioeconomic level of the caregiver, violent and aggressive behaviors of the patient, and degree of dependence of the patient ($p<0.05$).

Conclusions: Being a caregiver of a patient with schizophrenia is correlated with a great burden and deterioration of quality of life, hence the importance of assessing this burden, determining the initiating and aggravating factors as well as developing well-defined strategies for these caregivers in order to alleviate this burden and improve their quality of life.

Disclosure of Interest: None Declared

EPV0791

Predictive Factors of Treatment-Resistant Schizophrenia

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Introduction: Schizophrenia is a complex, chronic psychiatric disorder marked by disruptions in thought processes, perception, social interactions, and emotional regulation. Despite various therapeutic options, 20–34% of patients develop treatment-resistant schizophrenia (TRS)[1], a condition associated with a poor prognosis and significant challenges in clinical management. Early identification of predictive factors for treatment resistance may enable more targeted interventions, ultimately improving patient outcomes by allowing for tailored treatment approaches.

Objectives: This study aims to identify early predictive factors for the progression to TRS, differentiate modifiable from non-modifiable factors, and determine prognostic indicators for schizophrenia. The goal is to facilitate early intervention for high-risk cases and prevent TRS by targeting modifiable factors.

Methods: This is a descriptive and an analytical retrospective study including patients diagnosed with TRS according to NICE criteria, treated with Clozapine, and hospitalized at the Ar-Razi Psychiatric Hospital in Salé between 2022 and 2024. Included cases meet specific criteria, such as complete clinical records and the need for Clozapine treatment, with no age restrictions. Sociodemographic, clinical, evolutionary, and therapeutic data are collected using Excel and analyzed using SPSS 20 software.

Results: Among the 126 TRS cases included, several risk factors were identified. Non-modifiable factors include age, family history, and the presence of negative symptoms, while modifiable factors include the duration of untreated illness and certain comorbidities.

Conclusions: The results of this study provide valuable insights into risk factors associated with TRS and guide specific management and prevention strategies for this subgroup of schizophrenia patients.

Disclosure of Interest: None Declared

EPV0792

A systematic review of dietary changes after migration in women: a focus on schizophrenia

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Introduction: The impact of migration on cardiovascular risk factors have been reported to be gender-specific. Obesity and cardiovascular disease are increased in those who migrate to Western countries.

Objectives: Our aim is to investigate changes in the dietary habits of women after migration, especially in schizophrenia women.

Methods: A systematic review was performed in PubMed, Scopus and PsycINFO databases from inception to October 2024 according to the PRISMA statement. Search terms: (diet OR food OR "dietary acculturation") AND migration AND women. Studies were included if they were focused on dietary changes after migration in women. In a second step, we conducted electronic searches to find additional papers on schizophrenia.

Results: A total of 2046 records were screened, of which 36 studies were included.

(1) Socio-clinical scenarios of migration: a)Latin-American (n=5), b)African (n=7), c)Asian (n=17), Europe (n=2). Results: Weight gain after migration to developed countries, reduced dietary diversity and limited access to culturally appropriate foods are common (poor traditional-food trajectories). Early stages of migration are critical. Model of dietary transition during pregnancy (3 stages) and risk of gestational diabetes.

(2) Transnational migration (rural-urban, n=5). Indian women had higher intakes of both fruit and vegetables and fat. Migration from rural-to-urban and urban-to-urban areas was associated with obesity risk. Exception: rural migrants to Mongolia's capital maintaining traditional lifestyles. Few studies focus on women with schizophrenia.