

Introduction: A person with “high-risk mental status (HRMS)” indicates that the person, usually young people between the ages of 14 and 25, is more likely to develop psychosis. These people have attenuated psychotic symptoms without reaching the intensity or frequency of a frank psychotic episode. It is suggested that psychological trauma could favor neurochemical and psychopathological changes in a vulnerable individual. It would be interesting to study the role of psychotherapeutic interventions in the course of high-risk mental states and their possible evolution to a psychotic disorder. We present the case of an 18-year-old adolescent whose diagnosis was high risk of psychosis.

Objectives: This work has several objectives. On the one hand review current information on high-risk mental status (EMAR). On the other hand, develop a discussion about whether the EMAR category should be a diagnostic entity or just a condition.

Methods: A bibliographic search has been carried out in the main sources of medical information such as pubmed, up to date as well as in national and international journals. Likewise, the knowledge and clinical experience of the team has been reviewed in order to expose its own experience in this field, defining specific interventions as well as results.

Results: The case presented is of an 18-year-old female patient. She states that the main reason for consultation is something that happened last Sunday, at which time he had “an identity crisis” in which he did not know if he was a girl or a boy. The reasoning behind this fact is that “as Pablo Alborán likes him, perhaps he is a boy”. Given the bizarreness of the explanation and the patient’s particular contact, I explore a previous psychopathological situation. She says that since last year she feels more insecure, with diffuse fear that it is difficult to specify or nominate something specific: “in class and that is very difficult for me, public presentations”, she says that “everything scares me”, she says that she has a non-specific fear that has been maintained even increasing over the months and that has led him to have greater anguish. Even though the patient dates the beginning of the picture on Sunday, it is noteworthy that the previous Thursday she had requested a consultation with psychology in the private circuit that although she does not know how to specify the reason “because of fears” it seems that the anguish resulting from this fear had been increasing, having greater difficulties for the presentations in class. The contact is psychotic and the situation that the patient describes is typical of a “treme” situation, cataloged in the current literature as a High-Risk Mental State.

Conclusions: High-risk mental states are not a diagnostic category according to current classifications, although it is necessary to reach a consensus on what the diagnosis implies and what would be the way to proceed when a patient presents these symptoms.

Disclosure of Interest: None Declared

EPV0994

Assessment of addictive behavior in patients with schizophrenia

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Introduction: Schizophrenia, a chronic and complex psychiatric pathology, can be isolated. However, it may have other comorbidities and thus be accompanied by addictive behaviors complicating their management.

Objectives: to estimate the prevalence and identify the characteristics of addictive behavior among patients with schizophrenia.

Methods: A retrospective study of 151 patients with schizophrenia and hospitalized in the psychiatry department of the Taher Sfar university hospital in Mahdia from January 2017 to December 2021.

Results: The mean age of the patients was 39.8 ± 11.23 years with a predominance of age group 36-45 years (38.4%). All of the patients were males. Three quarters of patients (75.5%) were users of psychoactive substances (PSA): nearly three quarters (72.8%) dependent on tobacco, more than a third (39.7%) dependent on alcohol, more a quarter (29.1%) dependent on cannabis and almost a quarter (26.5%) dependent on other SPA. In more than half of the cases (54.4%), the age at which SPA consumption began was between 16 and 25. SPA use preceded the onset of schizophrenia in 62.3% of case. The relationship with the entourage was marked by hetero-aggressiveness in 77.5% of the patients, a withdrawal from the entourage for 16.6% of the patients and a conflict for 5.3% of the patients. The impact on the relationship with oneself was marked by self-aggressiveness in 18.5% of patients. Regarding professional impact, three quarters of patients (76.1%) had to stop working. The majority of patients (84.1%) continued their usual treatment, while 15.2% of patients stopped it. In only one patient increased doses were necessary.

Conclusions: Subjects suffering from schizophrenia are particularly vulnerable to addictions, mainly to tobacco and alcohol. They are therefore a group at greater risk of harmful effects of psychoactive substances and at worsening the clinical course of their psychiatric illness. Screening and treatment measures their addictive behaviors early on, even before schizophrenia sets in, should be offered.

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EPV0995

Evaluation of social autonomy of schizophrenic patients

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Introduction: Schizophrenia is a debilitating and mutilating mental illness, generally progressing in a Chronic way. It is at the origin of a limitation of social autonomy and source of psychological distress.

Objectives: evaluate the effective social autonomy of schizophrenic patients.

Methods: it is a cross-sectional study carried out at the EPS psychiatry consultation in Mahdia during a period of 3 months, with schizophrenic patients meeting the DSM 5 criteria, having an age varying from 19 to 65 years and whose duration of evolution was at least of one year. Have been excluded those in a state of decompensation, presenting a severe organic disease or having a major

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.

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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.

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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.