

## EPV0986

**The relationship between chronotype and suicidal attempt in patients with schizophrenia**N. Göktürk<sup>1\*</sup> and P. G. Özdemir<sup>2</sup><sup>1</sup>PSYHIATRİK AND MENTAL HEALTH NURSİNG, VAN YÜZÜNCÜ YIL UNIVERSITY and <sup>2</sup>PSYHIATRİK AND MENTAL HEALTH, VAN YÜZÜNCÜ YIL UNIVERSITY DURSUN ODABAŞ MEDICAL CENTER, VAN, Türkiye

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1573

**Introduction:** Individuals with schizophrenia are known to be at an increased risk of suicidal behavior (Sher & Kahn, 2019). However, the relationship between chronotype, which refers to an individual's preference for sleep-wake patterns, and suicidal attempts in schizophrenia patients remains an area of interest and investigation. The relationship between chronotype and suicidal attempts in schizophrenia patients has not been extensively studied. However, research in other populations has shown that individuals with evening chronotypes, also known as "night owls," may be at a higher risk of mental health issues, including depression and suicidal ideation (Verma et al., 2016). It is plausible to hypothesize that individuals with schizophrenia who have evening chronotypes may also be at an increased risk of suicidal attempts. Further research is needed to explore this relationship and its potential implications for clinical practice. In conclusion, the relationship between chronotype and suicidal attempts in schizophrenia patients is an area that requires further investigation. Early identification and intervention are crucial in preventing further suicidal attempts in this vulnerable population. Future research should focus on exploring the relationship between chronotype and suicidal attempts in schizophrenia patients to provide a comprehensive understanding of the factors contributing to suicide risk in this population.

**Objectives:** This study investigates the relationship between chronotype and suicidal attempts in patients with schizophrenia.

**Methods:** The study was conducted cross-sectionally using quantitative research methods and using purposive sampling. The personal information form and scales used for data collection in this study, which was planned with patients hospitalized in the psychiatric ward and patients applying to the outpatient clinic, are based on self-report. The personal information form developed by the researcher by reviewing the literature, the Morningist-Evening Scale (SAM), the Suicide Probability Scale, the Suicidal Behavior Scale, the Positive Symptoms Rating Scale (SAPS) and the Negative Symptoms Rating Scale (SANS) were used as data collection tools. Participants signed an informed consent form before the interview.

**Results:** Data extraction is still ongoing in detailed style by principal authors. A description of the studies and the key findings will be presented.

**Conclusions:** Reducing the risk of suicide in patients with schizophrenia is of vital importance. Awareness of the risks related to suicide may help reduce mortality rates in schizophrenia patients as in all patients. It is thought that the study's results will be an important resource in knowing the risks related to suicide and determining the risk factors so that prevention studies can be initiated.

**Disclosure of Interest:** None Declared

## EPV0987

**Insight and cognitive complaints in stabilized outpatients with schizophrenia**

S. Ajmi\*, M. Bouhamed, R. Ouali, S. Hentati, I. Feki, R. Sallemi and J. Masmoudi

Psychiatrie A, HEDI CHAKER University Hospital, SFAX, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1574

**Introduction:** Schizophrenia is often considered as pathology of consciousness. Some authors have considered that patients' self-perception of their cognitive difficulties expressed in the form of subjective complaints could represent a source of stress. These cognitive difficulties may then interfere with the interpretation of symptoms, leading to poor insight.

**Insight and cognitive complaints in stabilized outpatients with schizophrenia.**

**Objectives:** Study the relationship between subjective cognitive complaints and clinical insight in a Tunisian population with schizophrenia.

**Methods:** This is a cross-sectional, descriptive and analytical study carried out on 72 stabilized patients followed at the post-cure psychiatry consultation 'A' at the CHU Hédi Chaker in Sfax diagnosed with schizophrenia according to the DSM 5 criteria.

We used the schedule for the Assessment of Insight-Expanded Version (SAI-E) scale to assess Clinical Insight and the Subjective Scale to Investigate Cognition in Schizophrenia (SSTICS) to determine subjective cognitive complaints

**Results:** The mean age of the patients was  $46.83 \pm 11.6$  years, with a sex ratio (M/F) of 2. In our study, 48.5% were single and 69.4% were unemployed.

The median total SSTICS score was 25.

Using the SAI-E scale, an average score of 20.1 was objectified in our study.

In our study, the better the insight, the greater the subjective cognitive complaints were in all cognitive domains ( $p=0.00$ ).

Awareness of illness was statistically associated with working memory ( $p=0.001$ ), explicit memory ( $p=0.004$ ), attention ( $p=0.001$ ), language ( $p=0.01$ ) and executive functions ( $p=0.001$ ).

**Conclusions:** Our study highlights the relationship between awareness of illness and cognitive complaints. The clinician, faced with repetitive cognitive complaints, should assess the insight before incriminating another cause (effects of a drug, cognitive deficit, etc.).

**Disclosure of Interest:** None Declared

## EPV0988

**Self-stigma in a Tunisian population of stabilized outpatients with schizophrenia**

S. Ajmi\*, M. Bouhamed, R. Ouali, R. Masmoudi, I. Feki, R. Sallemi and J. Masmoudi

Psychiatry A, Hedi Chaker University Hospital, Sfax, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1575

**Introduction:** The internalized stigma associated with mental illness is considered as an additional burden faced by people with mental disease. Among mental illnesses, schizophrenia is considered as the most stigmatizing.

**Objectives:** To Assess the level of stigma in a sample of people with schizophrenia

**Methods:** This is a cross-sectional and descriptive study carried out on 72 stabilized patients followed at the post-cure psychiatry consultation 'A' at the CHU Hedi Chaker in Sfax diagnosed with schizophrenia according to the DSM 5 criteria. Socio-demographic and clinical data were collected using a pre-established sheet

We used The Internalized Stigma of Mental Illness (ISMI) scale to assess internalized stigma

**Results:** The mean age of the patients in our study was  $46.83 \pm 11.6$  years, with a sex ratio (M/F) of 2.

They were single in 48.5%, unemployed in 69.4%. Their level of education did not exceed primary school in 44.4% and their socio-economic level was low in 63.9%. 2% of the patients had no somatic history and 36.1% had a history of attempted suicide.

The median for the total ISMI score was 2.45, which corresponded to the absence of strong stigma. The median of the subscales was distributed as follows: 2 for the level of alienation, 2.28 for stereotype endorsement, 2.4 discrimination experience, 2.36 for social withdrawal and 2.60 for stigma resistance.

In our study, 45.8% of patients reported experiencing high levels of self-stigma (total score > 2.5).

**Conclusions:** Our study found levels of self-stigma in individuals with schizophrenia that align with previous research, suggesting that schizophrenia-related stigma is a global phenomenon unaffected by factors such as origin or ethnicity.

**Disclosure of Interest:** None Declared

## EPV0989

### Insight evaluation in a Tunisian stabilized outpatients with schizophrenia

S. Ajmi\*, M. Bouhamed, K. Makni, R. Masmoudi, I. Feki, R. Sallemi and J. Masmoudi

Psychiatry A, Hedi Chaker University Hospital, Sfax, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1576

**Introduction:** Schizophrenia is a chronic condition that leads to major socio-professional disintegration and personal suffering. In addition to the classic clinical symptoms, these patients also suffer from poor insight.

**Objectives:** To assess insight in a population followed up for schizophrenia

**Methods:** We conducted a cross-sectional and descriptive which concerned the patients followed in the unit of outpatient post-cure consultations of psychiatry 'A' at the CHU Hedi Chaker of Sfax. We included 72 stabilized patients diagnosed with schizophrenia according to the DSM criteria 5. For the collection of sociodemographic and clinical data, we used a pre-established sheet. We used the schedule for the Assessment of Insight-Expanded Version (SAI-E) scale to assess clinical insight

**Results:** The mean age of the patients in our study was  $46.83 \pm 11.6$  years, with a sex ratio (M/F) of 2.

They were single in 48.5%, and unemployed in 69.4%. Their level of education did not exceed primary school at 44.4% and their socio-economic level was low at 63.9%.

In our study, 72.2% of patients had no somatic history and 36.1% had a history of attempted suicide.

Using the SAI-E scale, the mean score was 20.1 with a minimum of 5 and a maximum of 28.

**Conclusions:** At the end of this evaluation, it is important to emphasize that insight seems to be an important prognostic factor.

**Disclosure of Interest:** None Declared

## EPV0990

### Cognitive complaints in schizophrenia: relationship with clinical symptoms, stigma and insight

S. Ajmi\*, M. Bouhamed, R. Ouali, S. Hentati, I. Feki, R. Sallemi and J. Masmoudi

Psychiatry A, Hedi Chaker University Hospital, Sfax, Tunisia

\*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1577

**Introduction:** In addition to the classic clinical symptoms, patients with schizophrenia suffer from cognitive difficulties, self-stigma and poor insight.

**Objectives:** This study aims to evaluate the impact of stigma, symptom severity, and insight on subjective cognitive complaints in patients with schizophrenia.

**Methods:** This is a cross-sectional, descriptive and analytical study carried out on 72 stabilized patients followed at the post-cure psychiatry consultation 'A' at the CHU Hédi Chaker in Sfax diagnosed with schizophrenia according to the DSM 5 criteria.

We used the schedule for the Assessment of Insight-Expanded Version (SAI-E) to assess clinical insight, The Internalized Stigma of Mental Illness (ISMI) scale for the assessment of internalized stigma, the Subjective Scale to Investigate Cognition in Schizophrenia (SSTICS) scale to determine subjective cognitive complaints and the Positive and Negative Syndroms Scale (PANSS) to assess positive and negative symptoms.

**Results:** The average age of the patients was  $46.83 \pm 11.6$  years, with a sex ratio (M/F) of 2. In our study, 48.5% of the patients were single, 52.8% were smokers and 23.6% consumed alcohol. The level of education did not exceed the primary level for 44.4% of the patients. The average age of disease onset was  $24.56 \pm 5.82$ . Our participants had an average score of 25 on the SSTICS total score and 20.1 on the SAI-E. The median ISMI total score and PANSS total score were 2.45 and 46 respectively

The predominant negative symptoms ( $p=0.003$ ), stigma ( $p=0.009$ ), and insight ( $p<0.003$ ) were significant factors associated with increased cognitive complaints.

**Conclusions:** In schizophrenia, the combination of cognitive difficulties, self-stigma with a low insight makes the management of these patients more difficult.

**Disclosure of Interest:** None Declared