

research should provide additional insight into the effectiveness and inherent challenges of this type of intervention.

Disclosure of Interest: None Declared

EPP0725

Beliefs and attitudes about medications in patients with psychosis

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Introduction: Patients' beliefs and attitudes about medications play a role in whether they adhere to their medications or not. Knowledge on how beliefs and attitudes about medications can be influenced is therefore important.

Objectives: The current study aimed to assess whether patients' perceived support from their therapists regarding use of medications was associated with their beliefs and attitudes about medications. Because non-adherence in patients with psychosis frequently results in relapses and emergencies, this knowledge may be very useful for therapists and patients.

Methods: This cross-sectional study included 310 patients diagnosed with psychosis from 31 clinical units in Norwegian mental health specialist care. We assessed beliefs about medications using the Beliefs about Medicines Questionnaire (BMQ). BMQ-specific consists of two subscales, BMQ-necessity and BMQ-concerns. Higher score on the necessity subscale indicates stronger beliefs in the necessity of taking the medicine. Higher score on the concern subscale indicates stronger concerns about taking the medicine. We used a newly developed self-report questionnaire, MedSupport, to assess the patients' perceived support from therapists in dealing with their medications. Higher score on the MedSupport means that the patient experienced more support with decisions related to medications. Linear mixed effect models were used to investigate possible associations of sociodemographic factors, clinical factors and patients' perceptions of medication support with BMQ.

Results: Patients' perceptions of medication support from therapists were positively associated with positive beliefs towards medications, $\beta = 0.20$, 95% CI [0.04 to 0.35], $p=0.012$, and negatively associated with concerns about taking the medications, $\beta = -0.31$, 95% CI [-0.44 to -0.17], $p < 0.001$, when other relevant variables were taken into consideration.

Conclusions: The present study shows that therapists may affect patients' beliefs and concerns about medications. Consequently, medication support may lead to improved adherence to medications prescribed.

Disclosure of Interest: None Declared

EPP0727

Epidemiological analysis of hospitalizations for Schizophrenia, Schizotypal Disorders and Delirium in Rio Grande do Sul over the last 5 years

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Introduction: In recent years, mental health has gained prominence in public health, prompting thorough investigations into psychiatric condition trends. This study conducts a comprehensive epidemiological analysis of hospitalizations for Schizophrenia, Schizotypal, and Delirium Disorders in Rio Grande do Sul (RS) over the past five years. By revealing these patterns, it enhances our understanding of regional mental health dynamics and offers insights for intervention strategies, resource planning, and improved mental healthcare. The ultimate goal is to advance more effective and accessible mental healthcare in RS and beyond.

Objectives: This study aims to analyze the prevalence and epidemiological profile of hospitalizations due to psychiatric disorders to assist in the diagnosis and outcome of affected patients.

Methods: A cross-sectional, descriptive, retrospective, and quantitative study was conducted regarding hospitalizations for Schizophrenia, Schizotypal Disorders, and Delirium in the state of RS between January 2018 and November 2022. Data were collected from the Department of Informatics of the Brazilian Unified Health System (DATASUS) in the "Hospital Information System of SUS" section, focusing on the nature of care, age group, gender, and ethnicity of the patients. The information was aggregated over the five-year period based on the four mentioned descriptors and subsequently analyzed to establish a profile of hospitalizations during that period.

Results: The analysis spans from 2018 to 2022, encompassing a total of 28,345 hospitalizations. In 2019, there was the highest number of cases (22.21%), followed by 2018 (21.08%). Urgent care admissions constituted 85.34% of the total. The age group most affected was 35 to 39 years (11.8%). Men were more affected than women (60.18%), and the majority of hospitalizations were among the Caucasian ethnicity (75.12%). The average length of stay was 23.7 days, and the mortality rate stood at 0.26%.

Conclusions: The increasing trend in hospitalizations, peaking in 2019, highlights the need for preventive measures. Urgent admissions (85.34%) underscore the demand for accessible mental health resources. Men in the 35 to 39 age group are disproportionately affected, suggesting specific risk factors. The predominance of Caucasian ethnicity emphasizes the need for culturally sensitive

care. A longer average length of stay (23.7 days) underscores treatment complexity, while a low mortality rate (0.26%) signals effective medical care. In essence, these findings inform tailored mental health policies to enhance service quality and prioritize patient-centered approaches.

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EPP0728

Sexuality in schizophrenia: Perception of signals of sexual interest

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Introduction: There is emerging evidence that people with schizophrenia (SCH) struggle to form romantic relationships and are often dissatisfied with their sex lives. Intimate relationships are perceived as normalizing and related to a person's recovery and better medication adherence. Nevertheless, this area remains scientifically unaddressed, and patients with SCH generally do not feel adequately supported in terms of their sexual health.

Objectives: The study aims to assess whether challenges in establishing sexual relationships could be connected to: a) decreased salience of sexual intimacy and/or b) compromised ability to detect, recognize, and react to signals of sexual interest.

Methods: Forty-three patients with SCH (29 males and 14 females) and a control group of twenty-four participants (11 males and 13 females) were exposed to our first experiment, the Circular attention task. This task was designed to evaluate the salience of erotic stimuli compared to neutral ones. At the beginning of each trial, a black fixation circle appeared in the middle of the screen. When a fixation of 250 ms or longer was detected within the circular area of interest (AOI) around the fixation circle, the fixation circle disappeared, and a pair of erotic/neutral pictures appeared. During the experiment, the eye movements were measured using the eye-tracking device Eyelink 1000plus. For data analysis, we used Wilcoxon signed-rank test to assess the differences between the mean latency to first fixation, mean duration of first fixation, and mean proportion of time spent gazing at the stimulus both for sexual and neutral pictures in the whole sample regardless of sex and patient status. More detailed analysis was performed using 2 (sex: male, female) x 2 (status: patient, control) two-way ANOVA.

Results: Considering the whole sample there was a significant difference in mean latency to first fixation ($W = 707$, $p = 0.007$, $r_{rb} = -0.379$) and mean duration of first fixation ($W = 1923$, $p < 0.001$, $r_{rb} = 0.739$). There was a shorter latency to first fixations towards sexual pictures ($M = 952.33$ ms) than to neutral pictures ($M = 1005.30$ ms). First fixations were longer for sexual pictures ($M = 280.96$ ms) than for neutral pictures ($M = 243.73$ ms). There was an effect overall in the sample towards the sexual pictures, but it was not different for participants based on their sex or patient status.

Conclusions: Findings revealed that interest in explicit sexual stimuli does not differ based on sex or patient status. Patients with

SCH appear to find explicit erotic signals sexually salient, suggesting their interest in sexual intimacy. Our study will further investigate whether persons with SCH are able to interpret, recognize and respond to signals of sexual interest. Based on our results, the guidelines for sexological remediation will be developed.

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EPP0729

The role of long-acting antipsychotics in illness relapse: an observational study

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Introduction: In patients affected by Schizophrenia and Bipolar Disorder disorders the use of antipsychotic drugs is essential in preventing the exacerbation of symptoms. The use of long-acting injectable (LAI) antipsychotics is considered an important treatment option. The aim of this study was to evaluate the incidence and predictors of relapse during antipsychotic treatment with LAIs in a sample of psychiatric outpatients up to a year after the start of long-acting therapy.

Objectives: The study included 103 adult patients admitted to the psychiatric unit of Sant'Andrea University Hospital in Rome.

Methods: We evaluated duration of untreated illness, previous treatments, substance abuse, suicidal status, LAI dose, and use of other medicines for association with new episodes of illness or of symptomatic worsening as well as hospitalization, using bivariate and multivariate analyses.

Results: Seventy-three patients were diagnosed with schizophrenia spectrum and 30 with bipolar disorders. Age at study entry averaged 36.7 years ($SD = 11.55$). 40.8% of patients were women. The mean age at onset were 23.11 ($SD = 7.0$). All the other information were reported in Table 1. On 103 patients undergoing with LAI treatment for a year only 9 (8.7%) patients had a relapse during the study period. The two groups differed according to the presence of hospitalization during the 12 months before the LAI treatment ($p = .022$), in particular patients with relapse were more hospitalized than patients with no relapse (62.5% vs. 21.7%). Moreover, group with relapse were more at risk of suicide during the 12 months before the LAI treatment than the other group, for both suicidal ideation (11.1% vs. 4.3%; $p = .015$) and attempt (25.0% vs. 3.2%; $p = .049$). Finally, the two groups differed according to the side effects reported during the year of LAI treatment ($\chi^2 = 38.48$; $p < .001$). Specifically, patients' group with relapse reported more side effects caused by parkinsonism (25.0% vs. 1.1%) and tremor (25.0% vs. 0%). No differences were found for the other variables (See table 1).