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Clinico-psychopathological characteristics of patients with residual states in long-term schizophrenia

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Introduction: Long-term schizophrenia, even in remission, is necessarily accompanied by residual symptoms that may be quite pronounced and may significantly affect many aspects of the patient's life, requiring exploration of specific therapeutic approaches. The alleviation of residual symptoms is an important factor in the patient's better adjustment.
Objectives: Assessment and study clinical characteristics long-term schizophrenia.
Methods: Clinical, statistical, psychometric. A total of 90 patients, mean age 66,6±13,3 years, 26 males, 64 females were examined.
Results: Negative symptoms were predominant in patients with long-term schizophrenia (17,8±6,7). It was represented by: abstract thinking disorders (2,8±1,0), stereotyped thinking (2,7±1,1), passive-apathetic social isolation (2,6±1,2), avolition (2,6±0,8), flattening of affect (2,5±0,8). It manifested as lack of expressiveness in facial expressions and gestures, deficit of communicative gestures as well as emotional indifference (2,4±1,1), limitation of contacts with people, and spontaneous and fluent speech impairments. Positive symptoms were rare, mainly represented by suspiciousness (2,2±1,2), sometimes rising to delirium (1,8±1,4). Conceptual disorganization was detected in 1,9±0,7. Agitation and aggression were generally not characteristic of those surveyed. Depression/anxiety was quite pronounced in patients with long-term schizophrenia. Depression (1,8±0,8) was represented by low mood, hopelessness and loss of social interests. Anxiety (2,9±1,2) was even more prominent and predominant amongst all symptoms.
Conclusions: The authors expanded our understanding of the clinical characteristics of residual symptoms of long-term schizophrenia to allow timely identification and provision of medical and rehabilitative care.

Disclosure of Interest: None Declared

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Addictive behaviors in schizophrenic patients: descriptive and analytical study

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Introduction: The association of an addictive disorder (harmful use, abuse or dependence) with a schizophrenic disorder is the rule. Genetic vulnerability and social and economic factors are common to both disorders.

Objectives: determine the impact of addictive behavior on patients suffering from schizophrenia.
Methods: A descriptive and analytical retrospective study of 150 patients with schizophrenia hospitalized in the psychiatry department of Taher Sfar University Hospital in Mahdia from January 2017 to December 2021.
Results: The average age of the patients was 39.8 ± 11.23 years with a predominance of the age group 36-45 years (38.4%). All of the patients were male. Three quarters of the patients (75.5%) were consumers of psychoactive substances (PSA): nearly three quarters (72.8%) were dependent on tobacco, more than a third (39.7%) were dependent on alcohol, more than a quarter (29.1%) dependent on cannabis and almost a quarter (26.5%) dependent on other SPAs. Criminal history, suicide attempts and hospitalization in psychiatry were significantly more frequent in patients who consumed SPA than those who did not consume (39.5% vs 8.1%; p=0.008, 17.5% vs 2.7%; p=0.02, 89.5 % vs 75.7%; p=0.03, respectively). Patients who consumed SPA had significantly more positive signs of schizophrenia (51.8% vs 10.8%; p=0.001) and were significantly less observant to treatment (55.3% vs 16.3%; p=0.001) than those who did not consume. Hetero-aggressiveness, self-aggressiveness and job change were significantly more frequent in patients with addictive behaviors than those without addiction (86.8% vs 48.7%; p=0.001, 23.7% vs 2.7%; p= 0.004, 14.9% vs 0%; p=0.015, respectively). Multivariate analysis revealed that criminal history, hetero-aggressiveness, predominant positive symptomatology and work stoppage were the factors independently associated with SPA consumption in patients with schizophrenia in our study (β=14.7 95% CI 3.23–67.01, p=0.001, β=0.099, 95% CI 0.03–0.31, p=0.001, β=7.18, 95% CI 2.09–24.67, p=0.002, β=5.24 95% CI 1.27–21.7; p=0.02, respectively).
Conclusions: According to our study, addictive comorbidities concern three quarters of our patients. They expose them to a higher risk of legal problems, hetero-aggressiveness, predominance of positive signs and instability at work. These results encourage the development of methods for early diagnostic identification of addictive behavior comorbid with schizophrenia as well as integrated care combining psychiatric and addictological care.

Disclosure of Interest: None Declared

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DIAGNOSTIC CHALLENGES IN DISTINGUISHING AUTISM SPECTRUM DISORDER FROM PSYCHOSIS: A CASE REPORT

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Introduction: Autism spectrum disorders (ASD) and psychotic disorders have historically considered to be related conditions with a long history of diagnostic confusion. Although DSM-III distinguishes ASD and Schizophrenia Spectrum Disorders as distinct clinical entities, they continue to share overlaps in their clinical symptom presentations leading to diagnostic challenges that may consequentially result in delayed treatment. Prompt diagnosis is crucial in the context of psychosis, where early intervention impacts recovery.