

**Introduction:** Schizophrenia and other psychotic disorders are disorders in which the individual's assessment of reality is impaired and which progress with exacerbations and become chronic, leading to disability, loss of function, social communication problems and frequent hospitalisations.

**Objectives:** The aim of our study was to evaluate the clinical and sociodemographic data of patients followed up in the outpatient clinic for psychotic disorders and hospitalized at least once in any time during their treatment.

**Methods:** The sample of the present study consisted of patients who were followed up in the psychotic disorders outpatient clinic of Selçuk University Faculty of Medicine Hospital and who were hospitalised at least once. Patients were identified by retrospective file search and those with sufficient information about their sociodemographic-clinical characteristics were included. The study approved by the ethics committee of Selçuk University Faculty of Medicine.

**Results:** Of the 130 patients, 52 (40%) were female and 78 (60%) were male; mean age was  $40.8 \pm 12.0$  years. Almost half of the patients ( $n=53, 40.8\%$ ) had primary school education. 73 (59.2%) of 130 patients were receiving long-acting antipsychotic medication. 100 patients (76.9%) were using oral antipsychotics. 63 out of 100 patients were on clozapine. 22 of 63 patients used clozapine as monotherapy. The mean duration of untreated psychosis ( $n=90$ ) was  $15.8 \pm 32.1$  months. The mean number of hospitalisations was  $3.4 \pm 2.5$ . 15 patients (11.5%) were lived in a nursing home. The mean number of hospitalisations of patients receiving long-acting treatment ( $3.8 \pm 2.9$ ) was significantly higher than that of patients receiving oral treatment only ( $2.7 \pm 1.6$ ) ( $p=0.004$ ). There was no significant difference in the mean number of hospitalisations when comparing according to the presence of clozapine in the treatment ( $p>0.05$ ).

**Conclusions:** The primary goal in the treatment of patients with schizophrenia is to prevent relapses, hospital admissions and improve patients' quality of life and functioning. Therefore, the variables related to hospitalisations, which are an indirect indicator of the frequency of psychotic episodes, should be well evaluated. Our study was mainly descriptive and evaluated the relationship between several parameters and hospitalisations. It was thought that the high number of hospitalisations in patients on long-acting treatment might be related to the fact that long-acting treatment in our country is mostly started in the late stages of the disease. Large-sample studies of predictive parameters are needed to prevent psychotic episodes and reduce the number of hospitalisations.

**Disclosure of Interest:** None Declared

## EPV0923

### Impact of negative signs on therapeutic compliance in patients with schizophrenia

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**Introduction:** Schizophrenia is characterized by a heterogeneous clinical expression. Schizophrenic symptoms fall into three main

dimensions: positive, negative, and disorganized. Negative symptoms may be primary or secondary to positive symptoms.

Therapeutic compliance is essential in the management of mental illnesses and in particular schizophrenia. The associations between poor compliance and negative symptomatology are little studied even though it is found in several patients suffering from schizophrenia and is associated with a poor functional prognosis.

**Objectives:** The objective of this study is to evaluate the link between negative symptoms and medication adherence in patients with schizophrenia.

**Methods:** This is a cross-sectional study with a descriptive and analytical aim carried out among patients in whom a diagnosis of schizophrenia was made according to the diagnostic criteria of the DSM-5.

Data will be collected using an anonymous hetero-questionnaire including patients' personal and sociodemographic data, as well as the negative symptoms subscale of the PANSS and Medication Adherence Rating Scale (MARS) which assesses therapeutic compliance.

**Results:** In total, we obtained a sample of 109 patients. The median age of the population is 37 years ( $\pm 8.2$ ), the age varies between 18 and 64 years. The majority of patients were single, i.e. 79.6%. On average, patients had good compliance with the MARS with a mean score of  $6.3 \pm 1.9$  [0;10]. A negative correlation between the negative symptoms subscale of the PANSS and the MARS was found significant ( $p=0.003$ ), with a moderate effect.

**Conclusions:** This study showed that the negative signs of schizophrenia have an impact on therapeutic compliance. Therefore, it would be useful to enlarge the sample and study this association in depth in order to be able to improve these signs to ensure good care and better quality of life for these patients.

**Disclosure of Interest:** None Declared

## EPV0924

### Duration of untreated psychosis and involuntary hospitalization in first-episode psychosis

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**Introduction:** Duration of untreated psychosis (DUP) is defined as the time between the onset of psychotic symptoms and the initiation of appropriate treatment. DUP has been the subject of intensive research to understand how it is associated with a poorer prognosis in patients with first-episode psychosis (FEP). Involuntary treatment is often necessary in the context of FEP.

**Objectives:** To characterize the relationship between the duration of untreated psychosis (DUP) and the type of hospitalization (voluntary versus involuntary) in patients admitted for FEP.

**Methods:** We conducted a retrospective observational study, collecting data from patients admitted between January 2019 and December 2022, in the psychiatric unit at our hospital in Bragança, Portugal. We used the information recorded in the clinical records