

conversation, somatic concern, tension, unusual thought content, lack of judgment and insight. Total negative symptoms were correlated with psychiatric family history.

Conclusions: Considering a history of suicide attempts is a risk factor for suicide, more studies are needed to evaluate patients with such a history in order to identify the constellation of risk factors with a high predictability value for suicide. This could help implement prophylactic measures in clinical practice that would decrease suicidal behaviour in schizophrenia.

Disclosure: No significant relationships.

Keywords: schizophrénia; Suicide; risk factors; PANSS

EPV1396

Assessment of depressive symptoms in hospitalized patients with schizophrenia

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Introduction: The prevalence of depressive disorders in patients with schizophrenia is estimated at 25%. Nevertheless, depressive symptoms occurring during the acute decompensation of schizophrenia have rarely been studied.

Objectives: The aim of our study was to assess depressive symptoms in hospitalized patients suffering from schizophrenia.

Methods: We conducted a cross-sectional, descriptive and analytical study, including 30 schizophrenic patients, hospitalized in the psychiatry B "department of the Hedi Chaker university hospital in Sfax. The assessment of clinical severity of schizophrenia was performed by the Positive and Negative Syndrome Scale (PANSS), that of depressive symptoms by the "Calgary Depression Scale for Schizophrenia" (CDSS).

Results: The mean age of patients was 41.2. Most of patients were male (86.7%) and unemployed (83.3%). Only 13.3% of them were married. Patients were hospitalized 8.83 times in average. A personal history of suicide attempts was found in 16.70% of cases. The mean score in the CDSS scale was 5.12. According to the CDSS score, a depressive state was diagnosed in 36.7% % of patients. Depression was associated with significantly more frequent history of suicide attempts ($p=0.028$), as well as significantly higher scores in the positive dimension of the PANSS ($p=0.03$).

Conclusions: Our results show that depressive symptoms are common during the acute decompensation phase of schizophrenia. They are associated with impaired functioning of patients, as well as a higher risk of suicide. Screening for depressive symptoms in patients hospitalized for schizophrenia is therefore essential in order to ensure better management.

Disclosure: No significant relationships.

Keywords: schizophrénia; Depression; decompensation; acute

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Smoking in patients with schizophrenia : "No smoking without fire"

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Introduction: More than half patients with schizophrenia are smokers. Heavy smoking has been correlated to more severe positive symptoms, a higher number of hospitalizations and a less efficiency of antipsychotics. Unfortunately, abstinence is difficult to achieve in these patients, therefore it is importance of understanding the link between smoking and psychosis.

Objectives: Analyzing the complex relationship between schizophrenia and nicotine's effects on the human brain.

Methods: The study was a review of literature over the past 10 years based on the pubmed database.

Results: Smoking might be a precipitating factor in the development of schizophrenia since it preceded the onset of this illness for several years. Shared genetic background was also emphasized establishing a complex biological link between nicotine and schizophrenia.

In another approach, the "self-medication hypothesis" has been proposed suggesting a beneficial effect of nicotine on both cognitive impairment and negative symptoms in schizophrenia, related to the regulation of the dopamine and nicotinic receptor systems. But this conclusion is controversial since other studies concluded to a more neurocognitive impairment in smokers compared to controlled population.

Conclusions: Smoking in schizophrenia is a complex "phenomenon" that remains, so far, misunderstood. Greater differences might exist between heavy and light smokers making it more difficult to point out the exact effect of nicotine on the brain. Smoking cessation therapies taking into account the specificity of patients with schizophrenia should be more developed.

Disclosure: No significant relationships.

Keywords: schizophrénia; self-medication hypothesis; cigarettes; smoking

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Paraphrenia: a lost concept

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Introduction: Paraphrenia consists on a syndrome of insidious development with a chronic delirium of great phenomenological richness, predominating productive or delusional-hallucinatory forms and with time it evolves to pure fabulation. Delusions appear in 100% of cases predominating persecution, reference and false identifications. It is a classic term that disappeared with DSM-III, but is still useful for the description of certain clinical cases.