

EPV1393

Clinical determinants of social media use in patients with schizophrenia and schizo-affective disorder

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Introduction: Social media networks are becoming omnipresent in our lives, and more and more available to everyone including patients with mental illnesses.

Objectives: Our study aimed to examine the prevalence of social media use in individuals with schizophrenia and schizoaffective disorder, and to examine the association of severity of symptoms with social media use.

Methods: A total of 38 patients with schizophrenia or schizoaffective disorder were recruited from the outpatient unit of the department C of psychiatry in Hedi Chaker hospital of Sfax, Tunisia. Socio-demographic information as well as details about their social media use were collected from all the patients. Severity of schizophrenia symptoms was assessed on the Positive and Negative Syndrome Scale (PANSS). A logistic regression was used to explore the association between social media use and clinical characteristics of the participants.

Results: Of the 38 study participants, 23.7% used social media. Facebook was the most popular social media site. The number of social media users were highest among participants aged 21–30 years old, married participants, residents of an urban region, employed participants and patients with a tertiary education level. Age and PANSS negative score were significantly and negatively associated with social media use.

Conclusions: Less than one fourth of patients with schizophrenia and schizoaffective disorder use social media and may be suitable candidates for treatment programs supported by social media platforms, especially those of a young age and a low severity of negative symptoms.

Disclosure: No significant relationships.

Keywords: Schizoaffective disorder; schizophrenia; clinical determinants; social media

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Schizophrenia And Polycystic Ovary Syndrome: A Case Report

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Introduction: Patients with Polycystic ovary syndrome (PCOS) have increased vulnerability to psychiatric disorders, particularly a tendency to depression and anxiety, as well as schizophrenia. The association between PCOS and psychiatric disorders is a topic of research given the possibility of common potential mechanisms as well as the clinical similarity between the adverse effects of atypical antipsychotics and the symptoms of PCOS.

Objectives: We proposed to investigate the etiopathogenic relationship between schizophrenia and PCOS as well as the therapeutic particularities.

Methods: We report a case of schizophrenia occurring in a patient with PCOS. Then, we conducted a literature review using “PubMed” database and keywords “psychosis”, “schizophrenia”, “Polycystic ovary syndrome” and “antipsychotic drugs”.

Results: She was an 18-year-old patient, diagnosed with PCOS since 2018. She has been followed in the psychiatry outpatient department since 8 months for psychotic symptoms (hallucinatory syndrome with thoughts of self-aggressiveness, delusional syndrome with mental automatism...). She was prescribed olanzapine (5 then 10 mg/day). However, after a weight gain (4 kg per month), this drug was switched by Risperidone (2 then 4 mg/day). The evolution was marked by the appearance of galactorrhea. Thus, the Risperidone was switched to Aripiprazole. Then, we noted a significant improvement on the psychiatric features and a better clinical tolerance.

Conclusions: For women with PCOS and psychosis, treatment with antipsychotic drugs can worsen PCOS symptomatology and lead to negative consequences for a woman’s reproductive potential and her quality of life. Therefore, the psychosis management must take these particularities into account, in order to improve the prognosis of both diseases.

Disclosure: No significant relationships.

Keywords: comorbidity; schizophrenia; polycystic ovary syndrome

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Suicidal tendencies in Schizophrenia patients

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Introduction: Suicide is one of the most frequent causes of death in schizophrenia patients, but the low insight in this pathology makes it difficult to identify persons at risk. The clinical picture of schizophrenia includes a wide variety of signs and symptoms, which make it hard to properly assess suicidal ideation.

Objectives: Our study was aimed at comparing tendencies among the clinical presentation and sociodemographic factors of schizophrenic patients with and without suicide attempts in their medical history.

Methods: We analysed the clinical data of 60 patients admitted to the Psychiatry Clinic of Timisoara with the diagnosis of Schizophrenia during 2020-2021. The PANNS-R scale was used for every patient, and each item was compared to the clinical data gathered.

Results: A positive history of suicide attempts was correlated to blunted affect, stereotyped thinking, lack of spontaneity and flow of

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

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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.