

psychopathological scale ($p < 0.001$) was high, more the quality of life satisfaction score has been altered.

Conclusions: Improving the quality of life satisfaction of these patients through these different parameters could be a goal of care complementary to the objectives of traditional care.

Keywords: quality; schizophrenia; satisfaction

EPP1226

Correlation profiles between interoception and exteroception in psychotic patients versus healthy controls

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Introduction: Individual abilities to perceive internal and external sensations are defined respectively as interoception and exteroception: the dysregulation of these functions can explain many psychotic symptoms. (Ardizzi et al. 2016)

Objectives: We evaluated the differences in the interoceptive and exteroceptive perception between 39 patients with psychosis and 250 healthy controls using self-administered questionnaires. The association between interoception and exteroception in the two groups was also tested.

Methods: The tests we used are AASP (Adolescent / Adult Sensory Profile) and MAIA (Multidimensional Assessment of Interoceptive Awareness). Differences were measured with t-tests, associations with spearman's correlation.

Results: Significant differences emerged between the two samples in the AASP total score and in its Low registration (LR) and Sensory Avoiding (SA) sub-scales and in the MAIA total score and in all its sub-scales except "Not Worrying" (Fig.1). Different patterns of associations between AASP and MAIA were observed: psychotic patients showed negative correlations between MAIA and AASP in the LR and Sensation Seeking (SS) sub-scales and in the auditory (AU) and tactile (TO) sensory channels. Healthy controls, positive correlations emerged between MAIA and AASP in the Sensation Seeking (SK) sub-scale and in the "perception of movement" (MO) sub-score (Fig.2)(Fig.3).

		Mean Difference	Sig. (2-tailed)
AASP	SP_TOT	-13,401	0,001
	SP_LR	-4,960	0,000
	SP_SK	-0,788	0,591
	SP_SS	-1,942	0,260
	SP_SA	-5,302	0,000
	Total	-0,536	0,000
MAIA	Noticing	-0,666	0,001
	Not distracting	-0,356	0,029
	Not worrying	-0,174	0,272
	Attention Regulation	-0,465	0,005
	Emotional Awareness	-0,563	0,003
	Self Regulation	-0,599	0,001
	Body Listening	-0,919	0,000
	Trusting	-0,549	0,005

Figure 1_ Mean differences Healthy controls vs Psychotic patients

		MAIA					
		Total	Noticing	Attention regulation	Emotional awareness	Self regulation	Body listening
		Healthy controls					
AASP	SP_SK	0,351	0,253	0,191	0,257	0,384	0,322
	SP_MO	0,254	0,274		0,285		0,239
	Psychotic patients						
	SP_LR	-0,479	-0,553	-0,508	-0,353		-0,404
	SP_SS	-0,347	-0,322	-0,461			
	SP_TO	-0,334	-0,478	-0,435			
SP_AU	-0,411	-0,364	-0,461			-0,371	

Figure 2_ Correlation between AASP and MAIA

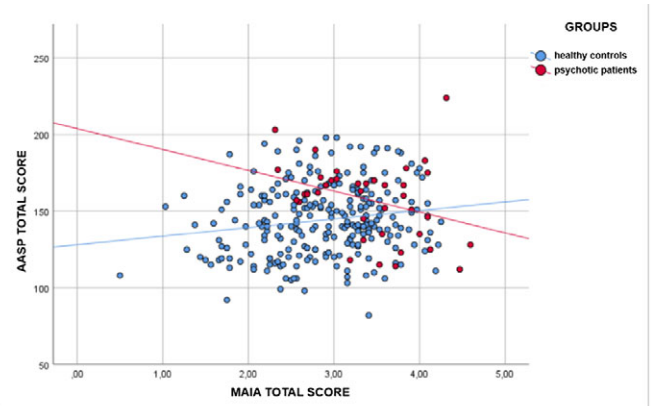


Figure 3_ Group scatter of AASP total score by MAIA total score by groups

Conclusions: Higher scores of psychotic patients in AASP and MAIA reveal both a dysregulated sensory related behavior and a heightened awareness towards internal stimuli. The negative correlation between the two scales in psychotic subjects highlights the importance of the interaction between internal and external perception in determining the global subjective experience.

Keywords: psychosis; sensory profile; Interoceptive Awareness; psychopathology

EPP1228

Psychosocial characteristics influence the duration of hospitalization in patients with psychotic disorders.

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Introduction: Schizophrenia spectrum disorders are related with prolonged stay in hospital and high cost for treating them. As a consequence, the determination of the factors that affect the duration of hospitalization is essential.

Objectives: The purpose of the study is the determination of the psychosocial characteristics of inpatients in a public psychiatric hospital and their association with the duration of hospitalization.

Methods: A total of 103 patients with a diagnosis of Schizophrenia (according to ICD-10) participated in the study. The socio-demographic characteristics were recorded and the following psychometric tools were used: NEO- Five Factor Inventory, Connor-Davidson Resilience Scale (CD-RISC25), Multidimensional Scale of Perceived Social Support, Multidimensional Scale of Perceived Social Support (MSPSS), Positive and Negative Syndrome Scale (PANSS), Global Assessment of Functioning scale (GAF). All instruments were adapted to greek population. All statistical analysis was performed using SPSS v.25.

Results: The median length of hospital stay was 40,7 days. The number of previous admissions ($p=0,010$), the type of admission (compulsory or voluntary) ($p=0,017$), the physical restraint ($p=0,043$), the duration of restraint ($p=0,002$) as well as the existence of social support networks and in particular social support from friends ($p=0,018$), seem to affect the duration of hospitalization.

Conclusions: The present study underlines the signification of the psychosocial factors that could contribute to the prediction of longer hospitals stays, the planning of appropriate interventions and as a result the reduction of hospital costs.

Keywords: Duration of hospitalization; psychosis; schizophrénia

EPP1229

The correlation between first words appearance and productive speech in adolescents with schizophrenia

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Introduction: Shown that there is connection between early development and the current speech parameters in adolescents with schizophrenia. With a more pronounced lag in speech, there was a decrease in the actualization of speech semantic links.

Objectives: Present work aims for a more detailed analysis of the correlations between early speech development and the actual level of development of speech activity in adolescents with schizophrenia.

Methods: Sample

Age	12,2 - 18,2 (SD=1,35)
males	17
females	13
DS	F20.xx, F21.xx, F25.xx, F06.xx, F32.xx, F33.xx, F50.xx.

Analysis of medical records (medical history) "Syllabic Test". Parameters: Standard Ratio (SR, SR₂, SR₃); Response Time (RT, RT₂, RT₃). The correlation between the indicators measured by the Spearman correlation coefficient (r_s).

Results: There was no statistically significant correlation between the First Words (FW) and SR: $r_s = -0.031$, $p > 0.05$. FW and SR₂ ($r_s = -0.004$, $p > 0.05$), FW and SR₃ ($r_s = 0.107$, $p > 0.05$). In addition, statistically significant correlation did not revealed

between FW and RT: FW and RT ($r_s = 0.067$, $p > 0.05$), FW and RT₂ ($r_s = 0.041$, $p > 0.05$), FW and RT₃ ($r_s = 0.066$, $p > 0.05$).

Conclusions: The results obtained on the Syllabic test in adolescent sample correspond to the previously identified indicators in adult patients with schizophrenia. RT tends to increase with an increase in the FW age. The limitations of present study: the lack of objectivity in medical history data (mainly parents interview), small sample size and large heterogeneity of DS of patients.

Keywords: speech; schizophrénia; early development; adolescents

EPP1230

Clozapine-induced parotitis: A case study

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Introduction: Clozapine is the drug of choice for patients with an unsatisfactory response to classic antipsychotic treatment. Little is known about the involvement of clozapine in the development of parotid disease.

Objectives: Identify the clinical characteristics of Clozapine-induced parotitis through a case and literature review.

Methods: We report the case of a patient with a refractory schizoaffective disorder, bipolar type and who developed recurrent parotitis while taking clozapine. We conducted a literature review based on a PubMed search of articles published on this subject with the following keywords: 'parotitis clozapine'.

Results: Miss W., 34 years old, suffers from a severe schizoaffective disorder that has been diagnosed for several years. She has received various psychotropic medications. She suffered from frequent relapses that required recurrent hospital admissions. One year ago, a diagnosis of treatment-resistant schizoaffective disorder was made. The decision to introduce clozapine, associated with mood stabilizer treatment, was made on the basis of her treatment refractory symptoms. She experienced considerable sialorrhea after beginning clozapine treatment. Miss W. developed bilateral recurrent swelling over both temporal-mandibular areas after 6 months of treatment. It often appears after eating and lasts from 4 to 6 hours. There was no change in white blood cell count and she was afebrile. An otolaryngologist was consulted and a diagnosis of clozapine-induced parotitis was suggested. A spasmolytic and an anticholinergic treatment were prescribed and clozapine was continued.

Conclusions: This iatrogenic effect of clozapine must be recognized by clinicians in order to be better prevented.

Keywords: clozapine; induced; parotitis; swelling

EPP1231

Follie a deux: Psychopathology in a pandemic

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