

**Results:** ECT and electroconvulsive shock are linked to enhanced dopamine release and dopamine receptor modification. Human studies show that ECT activates the dopamine system. In a study by Rudorfer et al., it was discovered that ECT increased the amount of homovanillic acid (HVA), a marker of dopamine turnover, in the cerebrospinal fluid (CRF). One important study indicates that monkeys given a brief clinical course of ECT (six sessions only) exhibit significant changes in dopaminergic presynaptic neurotransmission, with baseline function returning to quadratic ('inverted U' shape) by six weeks of the last ECT treatment. According to single-unit electrophysiological methods, repeated electroconvulsive shock to rats causes a subsensitivity of dopamine autoreceptors in the substantia nigra. Since effects identical to those reported with repeated treatment were also detected when a single electroconvulsive shock was followed by an acceptable treatment-free interval, this decreased sensitivity is time-dependent.

**Conclusions:** The results support the idea that ECT boosts the dopamine system and can be an effective strategy in the management of psychotic disorders.

**Disclosure of Interest:** None Declared

### EPV0971

#### Aggressiveness and emotion dysregulation among adolescents first degree relatives of schizophrenia patients

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**Introduction:** Schizophrenia is a severe debilitating condition, with elevated level of aggressiveness reaching 33% in a large sample of patients. Unaffected biological relatives of schizophrenia patients share similar though less severe neurocognitive and behavioral abnormalities seen in their affected relatives. Recent findings demonstrates that first degree relatives of schizophrenia patients are at increased risk of violence and aggressive behavior, especially during adolescence, with poor outcome. Besides, adolescents aged from 12 to 18 years old, may experience aversive and overwhelming emotions difficult to regulate due to immaturity of neuronal networks. There are evidence of an association of emotion dysregulation and violent conduct among youth. However, to our knowledge, studies among first degree relatives of psychotic patients were not performed.

**Objectives:** The aim of this study was to evaluate the aggressiveness and emotion dysregulation among unaffected adolescents with first degree family history of schizophrenia and to investigate the association linking these two entities.

**Methods:** In this purpose we conducted a cross sectional descriptive study in Razi hospital during three months: from July to September 2022. Unaffected adolescents aged 12 to 18 whom first-degree relatives were diagnosed with schizophrenia according to DSM-5 criteria were included. Adolescents with psychiatric conditions or medical affections associated with psychiatric

presentation were not included. Sociodemographic data were collected on a preestablished questionnaire and the following scales were used: The Life History of Aggression LHA, an 11 items self-reported tool, in the Arabic version, The Aggression Questionnaire AQ which is a 29 items self-reported scale in Arabic version and the The Emotion Regulation Questionnaire (ERQ), a 10 items self-reported measure rated on a likert scale, in the validated Arabic version. Written informed consent was obtained from the legal tutor of each adolescent.

**Results:** Results of this survey are ongoing.

**Conclusions:** Results of this survey are ongoing.

**Disclosure of Interest:** None Declared

### EPV0972

#### A case-control study of aggressiveness in adolescents with schizophrenia family history

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**Introduction:** Violence is a common behavioral and health concern among adolescents, aged 12 to 18 years old. In fact, aggressiveness may result in severe outcome in a critical age characterised by biological, psychological, and social changes. Schizophrenia is a severe and chronic condition, with elevated level of aggressiveness. Since unaffected biological relatives of schizophrenia patients share similar though less severe neurocognitive and behavioral abnormalities seen in their affected relatives, they are at increased risk of violence mainly during adolescence. However, studies including adolescents with schizophrenia first degree history are scarce.

**Objectives:** The aim of this survey was to evaluate the aggressiveness among unaffected adolescents with first degree family history of schizophrenia and in a control group of adolescents with no family psychiatric history.

**Methods:** In this purpose we conducted a case-control cross sectional study in Razi hospital during three months: from July to September 2022. Unaffected adolescents aged 12 to 18 whom first-degree relatives were diagnosed with schizophrenia according to DSM-5 criteria were included. Adolescents with psychiatric conditions or medical affections associated with psychiatric presentation were not included. Control group was selected amongst the population. Sociodemographic data were collected on a preestablished questionnaire and the following scales were used: The Life History of Aggression LHA, an 11 items self-reported tool, in the Arabic version, The Aggression Questionnaire AQ which is a 29 items self-reported scale in Arabic version. Written informed consent was obtained from the legal tutor of each adolescent.

**Results:** Results of this survey are ongoing.

**Conclusions:** Results of this survey are ongoing.

**Disclosure of Interest:** None Declared