care. A longer average length of stay (23.7 days) underscores treatment complexity, while a low mortality rate (0.26%) signals effective medical care. In essence, these findings inform tailored mental health policies to enhance service quality and prioritize patient-centered approaches.

Disclosure of Interest: None Declared

EPP0728

Sexuality in schizophrenia: Perception of signals of sexual interest

P. Biedková[1,2]*, O. Vaníček[2], O. Novák[2,3], K. Ständer[2], E. Kolářová[2] and R. Androvičová[2]

[1]1st Faculty of Medicine, Charles University; [2]Centre for sexual health and interventions, National Institute of Mental Health and [3]Faculty of Arts, Charles University, Prague, Czech Republic
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.804

Introduction: There is emerging evidence that people with schizophrenia (SCH) struggle to form romantic relationships and are often dissatisfied with their sex lives. Intimate relationships are perceived as normalizing and related to a person's recovery and better medication adherence. Nevertheless, this area remains scientifically unaddressed, and patients with SCH generally do not feel adequately supported in terms of their sexual health.

Objectives: The study aims to assess whether challenges in establishing sexual relationships could be connected to: a) decreased salience of sexual intimacy and/or b) compromised ability to detect, recognize, and react to signals of sexual interest.

Methods: Forty-three patients with SCH (29 males and 14 females) and a control group of twenty-four participants (11 males and 13 females) were exposed to our first experiment, the Circular attention task. This task was designed to evaluate the salience of erotic stimuli compared to neutral ones. At the beginning of each trial, a black fixation circle appeared in the middle of the screen. When a fixation of 250 ms or longer was detected within the circular area of interest (AOI) around the fixation circle, the fixation circle disappeared, and a pair of erotic/neutral pictures appeared. During the experiment, the eye movements were measured using the eye-tracking device Eyelink 1000plus. For data analysis, we used Wilcoxon signed-rank test to assess the differences between the mean latency to first fixation, mean duration of first fixation, and mean proportion of time spent gazing at the stimulus both for sexual and neutral pictures in the whole sample regardless of sex and patient status. More detailed analysis was performed using 2 (sex: male, female) x 2 (status: patient, control) two-way ANOVA.

Results: Considering the whole sample there was a significant difference in mean latency to first fixation ($W = 707$, $p = 0.007$, $r_{rb} = -0.379$) and mean duration of first fixation ($W = 1923$, $p < 0.001$, $r_{rb} = 0.739$). There was a shorter latency to first fixations towards sexual pictures ($M = 952.33$ ms) than to neutral pictures ($M = 1005.30$ ms). First fixations were longer for sexual pictures ($M = 280.96$ ms) than for neutral pictures ($M = 243.73$ ms). There was an effect overall in the sample towards the sexual pictures, but it was not different for participants based on their sex or patient status.

Conclusions: Findings revealed that interest in explicit sexual stimuli does not differ based on sex or patient status. Patients with SCH appear to find explicit erotic signals sexually salient, suggesting their interest in sexual intimacy. Our study will further investigate whether persons with SCH are able to interpret, recognize and respond to signals of sexual interest. Based on our results, the guidelines for sexological remediation will be developed.

Disclosure of Interest: None Declared

EPP0729

The role of long-acting antipsychotics in illness relapse: an observational study

I. Berardelli[1], I. Mancinelli[2], E. Rogante[3], D. Erbuto[1], M. A. Trocchia[4], L. Longhini[4], L. Rapisarda[4]*, A. Bruzzese[4], S. Sarubbi[3] and M. Pompili[1]

[1]Neurosciences, Mental Health and Sensory Organs, Sant' Andrea Hospital, Sapienza University of Rome; [2]Neurosciences, Mental Health and Sensory Organs, Sant' Andrea Hospital; [3]Human Neuroscience, Sapienza University of Rome and [4]Psychiatry Residency Training Program, Sant' Andrea Hospital, Sapienza University of Rome, Rome, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.805

Introduction: In patients affected by Schizophrenia and Bipolar Disorder disorders the use of antipsychotic drugs is essential in preventing the exacerbation of symptoms. The use of long-acting injectable (LAI) antipsychotics is considered an important treatment option. The aim of this study was to evaluate the incidence and predictors of relapse during antipsychotic treatment with LAIs in a sample of psychiatric outpatients up to a year after the start of long-acting therapy.

Objectives: The study included 103 adult patients admitted to the psychiatric unit of Sant'Andrea University Hospital in Rome.

Methods: We evaluated duration of untreated illness, previous treatments, substance abuse, suicidal status, LAI dose, and use of other medicines for association with new episodes of illness or of symptomatic worsening as well as hospitalization, using bivariate and multivariate analyses.

Results: Seventy-three patients were diagnosed with schizophrenia spectrum and 30 with bipolar disorders. Age at study entry averaged 36.7 years (SD= 11.55). 40.8% of patients were women. The mean age at onset were 23.11 (SD= 7.0). All the other information were reported in Table 1. On 103 patients undergoing with LAI treatment for a year only 9 (8.7%) patients had a relapse during the study period. The two groups differed according to the presence of hospitalization during the 12 months before the LAI treatment ($p = .022$), in particular patients with relapse were more hospitalized than patients with no relapse (62.5% vs. 21.7%). Moreover, group with relapse were more at risk of suicide during the 12 months before the LAI treatment than the other group, for both suicidal ideation (11.1% vs. 4.3%; p= .015) and attempt (25.0% vs. 3.2%; p= .049). Finally, the two groups differed according to the side effects reported during the year of LAI treatment ($\chi^2 = 38.48$; p< .001). Specifically, patients' group with relapse reported more side effects caused by parkinsonism (25.0% vs. 1.1%) and tremor (25.0% vs. 0%). No differences were found for the other variables (See table 1).