Introduction: Psychotic disorders have been consistently associated with aggressive behaviors. Psychiatrists are frequently asked to perform assessment regarding potentially aggressive patients. Thus, many psychometric instruments can be useful for identifying the risk of violence and thereby offering appropriate treatment for these individuals.
Objectives: The aims of this study were to assess the risk of agressive behavior in inpatients with schizophrenia or schizoaffective disorder and to determine its correlates.
Methods: Using face-to-face interviews, inpatients diagnosed with schizophrenia or schizoaffective disorder, in psychiatric department of the University Hospital in Sfax (Tunisia) were included in this cross-sectional, descriptive and analytical study, carried out between novembre 2020 and octobre 2022.
The modified overt aggression scale (MOAS) and historical clinical risk management-20 (HCR-20) questionnaire were used for data acquisition. The HCR-20 score of 20 was used as threshold to divide the sample to violent patients (scoring>20) and non-violent patients (scoring $\leq$ 20).
Results: The sample consisted of 60 male inpatients. The mean age was 38.23± 10.37 years.
In our sample, 68.3% were single, 35% didn't reach the secondary educational level, 16.7% used psychoactive substance(s), 35% had prior criminal record, 30% had a history of suicidal attempt and 81.7% had previous hospitalization.
The mean score of MOAS was 13.08±8.19. The mean total HCR-20 score was 19.25±5.26. The Historical, Clinical and Risk Management subscales showed mean scores of 8.33±2.96, 5.62±1.89, and 5.28±2.42, respectively.
The violent patients represented 45% of the sample.
The mean scores of the items H3, H10, C1, C2, C4 and R5 of HCR-20 were respectively : 1.33±0.79, 1.20±0.77, 1.22±0.88, 0.38±0.71, 1.30±0.64 and 1.28±0.73.
There was no statistical difference between the two groups in sociodemographic factors.
A history of suicidal attempts was significantly more common in the group of violent patients (p=0.029).
Regarding the HCR subscales, H3 score (relationship instability) and H10 score (Prior supervision failure) were significantly higher among violent patients (p=0.018 and 0.003 respectively). The C1 score (lack of insight), the C2 score (negative attitudes) and the C4 score (impulsivity) were also significantly higher among violent patients (p=0.016, 0.009 and 0.005 rescpectively).
The item R5 (stress) of the risk management subscale was significantly higher in the group of violent patients (p=0.003).
The total MOAS score detected severe agression in the nonviolent group (p=0.031).
Conclusions: Our study suggests the efficacy of HCR-20 in identifying and distinguishing between violent and nonviolent patients with schizophrenia or schizoaffective disorder. The use of such reliable instrument in clinical psychiatric settings should be encouraged.

Disclosure of Interest: None Declared

EPV0926

First episode psychosis: the depressive symptoms and suicidal behaviour that follow

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Introduction: Depressive symptoms and suicidal behaviour are common among patients that suffered a first-episode psychosis. Depressive symptoms could occur in different phases of psychosis, including in post-psychotic period. Depression is a well-known risk factor for suicidal behaviour in psychosis with data showing that occurrence of depression in psychosis have a significant correlation with suicide risk.
Objectives: The purpose of this paper is todo a brief review on the relation of causality that existes between first episode psychosis and depressive symptoms as well as suicidal ideation.
Methods: Brief non-systematic literature review on the topic.
Results: First episode psychosis is not uncommonly followed by depressive symptoms and suicidal thoughts. The rate of suicide attempt in psychotic patients range from 10 to 50%. Individuals with first episode psychosis have a greater risk of suicidal behavior compared with normal population and chronic disorders. In several studies, factors identified as being associated with depressive symptoms after first episode psychosis were anomalies of psychosocial development, poor premorbid childhood adjustment, greater level of continuing positive symptoms and longer duration of untreated psychosis. Suicidal behavior was associated with sexual abuse, previous suicide attempt, comorbid polysubstance use, lower baseline functioning, longer time in treatment, recent negative events, older patients, longer duration of untreated positive and negative psychotic symptoms, family history of severe mental disorder, depressive symptoms and cannabis use. Data also indicate that treatment and early intervention programs reduce depressive symptoms and suicidal behavior after first episode psychosis.
Conclusions: There is convincing evidence that depressive symptoms and suicidal behaviour have high rates after first episode psychosis. The research for treatment of depressive symptoms and/or suicidal behaviour after first-episode psychosis is very limited, therefore this paper aims to bring to light the importance of more studies on the matter.

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Parasuicidal behavior in early stages of psychosis

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Introduction: Psychotic experiences (PE) are strongly associated with non-suicidal self-harm (NSA). NSA are present throughout life, but are more frequent during adolescence and young