

Conclusions: The inpatient treatment is efficacious in terms of psychopathology, aggression and is linked to better functioning. The naturalistic design shows depletion of the positive effects of treatment in terms of negative symptoms and aggression probably due to incomplete medication compliance, which is a bad prognostic factor for functioning. This implies the need of continuous psychosocial services and better psychoeducation after discharge.

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EPP0654

Psychotic depression and the risk of death due to suicide

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Introduction: Depression markedly increases the risk of suicide, and depression is the most common psychiatric disorder diagnosed in persons with a completed suicide, but the interplay between depression and psychotic symptoms in suicides has remained unsettled.

Objectives: The purpose of this study was to establish the risk of suicide associated with incident psychotic depression (PD) compared to incident non-psychotic severe depression (NPD) in a large nationwide cohort.

Methods: This cohort study used routine data from nationwide health registers in Finland. Eligible participants were aged 18–59 years at the index diagnosis. Causes of death were defined by the International Classification of Diseases, 10th revision codes. The follow-up time was up to five years. Adjusted Cox regression models were used to analyse risk of death by method of suicide.

Results: We included 17331 individuals with incident PD and 85989 individuals with incident NPD. Most of the deaths due to suicides occurred within the first two years after the index diagnosis. Compared to NPD, PD was associated with an overall two-fold increased risk of suicide (adjusted hazard ratio, (aHR) 2.19, 95% confidence interval (CI) 1.95, 2.46), after adjusting for psychiatric comorbidities. In PD, the highest relative risks were for impact-related suicides (aHR 3.03, 95%CI 2.23, 4.13) and for suffocation-related suicides (aHR 2.72, 95%CI 2.23, 3.30), whereas the lowest relative risk was for intentional poisonings (aHR 1.66, 95%CI 1.37, 2.02).

Conclusions: Psychotic symptoms increased the risk of suicide 2-fold of the risk that was associated with severe depression, after controlling for comorbid psychiatric disorders. The severity of suicidal ideation may be higher in PD than in NPD, which then leads to more lethal methods of self-harm.

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EPP0655

What Is A “Difficult To Treat” Schizophrenia Patient

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Introduction: The Portuguese Plan for Mental Health envisaged the development of teams dedicated to the support of “difficult” patients. However, it was not clarified who these patients were, nor in which dimensions they could be supported. In this regard, there is a need for an objective and pragmatic definition to understand who these patients are.

Objectives: To characterize the “difficult” patient with Schizophrenia.

Methods: Through the hospital’s IT services, all acute inpatient episodes at Centro Hospitalar Psiquiátrico de Lisboa were collected since 2017, with the diagnosis of Schizophrenia (ICD10: F20 – n: 1448). Cluster analysis was performed, regarding number of previous admissions (PA) and days of admission. Descriptive analysis of these patients was made, regarding age, gender, destination at discharge, and to the “difficult to treat” patients, whether they attend a medical consultation prior to admission, if they were complying with the therapy and if they were using psychoactive substances.

Results: Cluster analysis identified 3 clusters: (G1) a larger, uncharacteristic one; (G2) one of users with many PA; and one with a high number of days of admission (G3).

The average age is similar (46 years old), as well as gender (male). Regarding hospitalization days, G1 and G2 presented similar average values (16 days), higher for G3 (60 days). Comparing PA in G2, 47% of patients have between 6 and 10 PA and 25% have between 11 and 20 PA. For the same intervals, G3 has values of 10% and 2% respectively. About the destination after discharge, about 2/3 of both groups were referred for follow-up consultation; in G2, 5% were discharged by abandonment and in G3, 5% were referred to a Rehabilitation service and 6% integrated in Residential homes. Approximately 2/3 of the patients in G2 and G3 did not go to a medical consultation in the three months prior to their admission. Regarding the therapeutic plan, in G2 73% were not following it and in G3 this rate was 66%. Only 5% of G2 and 2% of G3 were in involuntary treatment. Injectable medication was used by 42% of patients in G2 and 23% in G3. Regarding substance use, alcohol was present in 9% of G2 and in 6% of G3; cannabinoids in 18% of G2 and in 11% of G3; and other psychoactive substances were present in 8% of G2 and in 4% of G3.

Conclusions: The findings of this study allow us to outline two profiles of “difficult to treat” patients with Schizophrenia. On the one hand those with multiple relapses (G2), on the other those with prolonged hospitalizations (G3). Both have poor adherence to