

EPV0939

Somatic comorbidities in patients with schizophrenia

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Introduction: Patients with schizophrenia have shown a high mortality rate, and life expectancy is shortened by 10-20 years. This seems to be mainly caused by metabolic and cardiovascular diseases. Several risk factors are identified, including sedentary lifestyle, poor diet, low socioeconomic status, cognitive dysfunction, and antipsychotics iatrogenicity.

Objectives: We aimed to explore somatic pathologies reported in patients with schizophrenia, and to assess risk factors predisposing to these impairments.

Methods: We conducted a retrospective descriptive and analytical study, based on clinical and psychiatric observations of 60 patients with schizophrenia, hospitalized in psychiatry "B" department, Hedi Chaker university hospital (Sfax, Tunisia), during the period between 2015 and 2017.

Results: Among our patients, 38.3% suffered from somatic comorbidities: diabetes (21.7%), hypertension (15%), coronary disease (15%), hyperlipidaemia (15%), respiratory diseases (6.7%).

Tobacco consumption was reported in 53.3% of patients. It was significantly associated with the occurrence of cardiovascular diseases ($p=0.036$). Alcohol abuse was noted in 16.7%, while obesity was reported in 6.7% of patients.

Significant associations were found between obesity and diabetes ($p=0.001$), and between organic diseases and cognitive disorganisation ($p=0.022$). Somatic comorbidities were more frequent in patients with low socio-economic level ($p=0.015$).

Among our patients, 83.3% were treated with conventional antipsychotics while 38.3% were treated with atypical antipsychotics (AAP). We showed that AAP were associated with the occurrence of organic diseases ($p=0.037$).

Conclusions: Physical health of patients with schizophrenia requires a serious attention. Coordinated care between psychiatrists and other healthcare professionals should monitor the physical health of these patients to prevent a premature death.

Disclosure of Interest: None Declared

EPV0944

Sexual activity and sexual dysfunction in patients with schizophrenia at the Arrazi psychiatric hospital in Salé

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Introduction: Sexuality is a natural component of human behavior. Sexual health is "a physical, emotional, mental and social state related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual dysfunction and poor quality of sex life are

common in patients with schizophrenia. The prevalence of sexual dysfunction is higher in people with mental disorders, and may be related to psychopathology and pharmacotherapy.

Objectives: Evaluate sexual activity, sexual dysfunction and its consequences in patients with schizophrenia followed and hospitalized in the various structures of the Arrazi psychiatric hospital in Salé.

Methods: This is a descriptive cross-sectional study using a questionnaire including sociodemographic and clinical criteria, data on sexual behavior and the Arizona Sexual Experience Scale (ASEX) to assess sexual activity, sexual dysfunction and its consequences in patients with schizophrenia followed and hospitalized in the various structures of the Arrazi psychiatric hospital in Salé. Inclusion criteria: patients of both sexes diagnosed with schizophrenia according to DSM 5 criteria, age greater than or equal to 20 years. Exclusion criteria: intellectual disability, general medical condition known to cause sexual dysfunction (diabetes mellitus, history of vascular accident, congestive heart failure, unstable heart condition, arrhythmia or myocardial infarction in the last six months).

Results: We collected 157 participants. 81% of the participants were men, 67% of whom had left school at college. The majority of patients were born in the city. 85% were unemployed. 89% were heterosexual and 77% were single. 92% smoked cigarettes. 66% had schizophrenia for more than 5 years with 55% having poor adherence to antipsychotics with around 65% on atypical antipsychotics. Around 42% reported currently having sexual relations. 56% of participants had sexual dysfunction, and 67% were dissatisfied with the quality of their sexual relations.

Conclusions: Sexual dysfunction is prevalent in schizophrenic patients, and these problems can be linked to both the illness and its treatment. Sexual dysfunction is also an important factor in therapeutic compliance, which is strongly influenced by the side effects of antipsychotics. It is therefore necessary to know more about the sexual side-effects of medication on patients, and doctors should also systematically ask patients about their sexual history before prescribing psychotropic drugs.

Disclosure of Interest: None Declared

EPV0945

Improving the Sexual Wellbeing of Patients with Psychotic Illness

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Introduction: Sexual dysfunction (SD) is common in psychotic illness including schizophrenia, occurring in 30-82% of patients. It negatively impacts wellbeing and antipsychotic compliance, resulting in higher risk of relapse and hospitalisation. Due to over-reliance on spontaneous reports from patients, SD is typically under-identified which prevents investigation and treatment.

Objectives: To establish whether SD is under-identified in patients with psychosis in a general adult community mental health team; to elicit whether the Arizona Sexual Experience Scale (ASEX)

improves identification; to investigate and manage identified cases of SD; to make recommendations about identification and monitoring of SD in this patient population.

Methods: A 12-month retrospective audit of patients with psychosis prescribed a long-acting injectable (LAI) antipsychotic (n=36) to identify sexual symptoms was completed. The ASEX was subsequently issued to screen for SD.

Results: Audit: 3/36 (8%) patients had documented sexual symptoms. Of the 18/36 patients that completed the ASEX: 10 (56%) exhibited SD. 4 consented to further investigation. 5 patients experienced significant difficulties with the language used in the ASEX. At the end of the project we revised the ASEX with simpler, colloquial language.

Conclusions: Implementation of the ASEX results in clear improvements in identification and monitoring of SD. Maudsley Practice Guidelines can inform investigation and management of SD. We suggest a review of NICE guidance to incorporate the above into clinical practice. Further work is needed to establish whether the revised ASEX can be developed and validated.

Disclosure of Interest: None Declared

EPV0946

Male gynecomastia linked to antipsychotics: a case report

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Introduction: Gynecomastia refers to the abnormal development of breast tissue in males, often posing a concerning symptom. Often, gynecomastia is associated with multiple factors, including the use of various drugs, notably certain atypical antipsychotics. Gynecomastia is a significant side effect that affects the quality of life of male patients taking antipsychotic medications. Among these, risperidone and paliperidone have been identified as the most prone to causing gynecomastia, although aripiprazole has garnered attention for its superior profile in controlling prolactin and gynecomastia. The relationship between these drugs and the development of gynecomastia lies in their ability to elevate prolactin levels, a hormone that regulates reproductive function and is involved in milk production. Several studies have shown that prolactin levels are more commonly elevated with risperidone and paliperidone prescription, thus triggering gynecomastia.

Objectives: The study aims to investigate the management of gynecomastia in male patients receiving antipsychotic medications.

Methods: This research employs a retrospective analysis of patient records to examine the association between specific antipsychotic drugs, prolactin levels, and the development of gynecomastia, while also evaluating the effectiveness of aripiprazole as an alternative treatment.

Results: We present the case of a 21-year-old male with no prior medical history who initiated treatment with oral paliperidone and later switched to 100 mg of long-acting injectable paliperidone once

monthly during his initial admission for psychotic symptoms. After six months, he developed gynecomastia, which was ruled out as breast tissue and was determined to be an increase in adipose tissue. Since his hospital discharge, he has gained 25 kg (30%) in body weight, and his baseline prolactin level has decreased. This weight gain, a common side effect of several antipsychotics, was linked to gynecomastia. However, a promising approach for gynecomastia antipsychotic-associated treatment is aripiprazole, which has a milder impact on prolactin levels. In this case, during the next appointment, a switch to 400 mg of long-acting injectable aripiprazole once-monthly was made, which led to weight loss, a reduction in breast size and blood prolactin levels in the following weeks.

Conclusions: The detection and management of gynecomastia in these patients are crucial to improving their quality of life and treatment adherence. This management encompasses changes in medication, hormonal therapy, or surgery in severe cases. Physicians must be aware of this potential complication when prescribing antipsychotics and closely monitor at-risk patients. In summary, antipsychotic-associated gynecomastia in men represents a medical challenge that requires careful attention and an individualized treatment strategy for each affected patient.

Disclosure of Interest: None Declared

EPV0947

The role of cannabis and salience alterations in determining the severity of psychotic symptoms: a multi-centric, cross-sectional study on adolescent and adult cohorts

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Introduction: The aim of this project is to study to which extent salience alterations influence the severity of psychotic symptoms. However, rather than studying them individually, we decided to focus on their interplay with two additional variables, that is: observing their effect in a vulnerability phase (adolescence) and with another added, well-recognized risk factor (cannabis use).

The reason for this study design lies in the fact that, in our opinion, it is fundamental to observe the trajectory of psychotic symptoms over a continuum; however, rather than adopting a longitudinal approach, we decided to structure it as a cross-sectional study confronting patients from two age brackets - adolescence and adulthood.

Objectives: The primary purpose of this study was to assess a difference between THC-abusing and non-abusing patients in adolescent and adult cohorts, using the Italian version of the psychometric scale "Aberrant Salience Inventory" (ASI), and the possible