

EPV0977

Factors attributed to violent behaviour by primary caregivers toward their relative with schizophrenia

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Introduction: There is a modest but consistent association between violent behavior and schizophrenia. Persons with schizophrenia are at a modestly increased risk of committing violence, with approximately half of victims being relatives

Objectives: Our study examined the factors attributed to violent behaviour within the relationship patient-caregiver in schizophrenia according to caregivers.

Methods: This is a cross-sectional study among caregivers of patients with schizophrenia during the period from June to August 2022. Patients who attended our department of psychiatry at the Razi.

The questionnaire was divided into three sections. The first section contained items regarding patient- and caregiver-related information.

In the second section, caregivers were asked questions about their experience of violence perpetration and victimization involving their relative with schizophrenia in the past 12 months.

Beyond frequency, caregivers were also asked to specify the causes of the violence perpetrated and suffered

The third section contained two measures, i.e. the Depression Anxiety and Stress Scales (DASS-21) and the abridged version of the Zarit Burden Interview (ZBI), assessing psychological distress and caregiving burden, respectively. The protocol of the study was approved by the ethics committee of the Razi Psychiatric Hospital.

Results: The majority of caregivers were females (63.6%), and consisted of patients' parents (50.9%).

The most endorsed causes of violence victimization were symptoms of illness (57.3%), followed by refusal to adhere to treatment (49.1%), drug reaction (23.6%), and negative events; while the most reported causes of violence perpetration were refusal to adhere to treatment (42.7%), Symptoms of illness (37.3%), and limitation of patients' activities and/or liberty (32.7%).

Bivariate analysis showed that lower patients' economic status ($p=.042$), tobacco ($p=.015$) and alcohol use ($p=.014$) as well as taking Trihexyphenidyl ($p=.001$) were significantly and positively associated with violence perpetration by caregivers against their relatives with schizophrenia.

Multivariable analysis (Logistic regression) revealed that caregivers' levels of burden remained significantly associated with violence victimization occurrence ($p=.026$; $OR=1.48$), while only having other person in charge of caring represented a significant factor associated with perpetration of any form of violence against patients ($p=.007$; $OR=.17$).

Conclusions: It is important for medical staffs to provide caregivers with professional knowledge about patients' real motivation for violence in order to improve their skills of problem-solving.

Disclosure of Interest: None Declared

EPV0974

Differential effects of specific antipsychotic drugs on metabolic markers and diabetes: A register-based study on 4,909 patients with schizophrenia

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Introduction: Antipsychotics (AP) are used as the primary pharmaceutical treatment for schizophrenia. Randomised clinical trials (RCT) show that the initiation of AP treatment often induces side effects such as substantial weight gain and metabolic disturbances, including an increased risk of type-2 diabetes (DM). However, the limitations of RCTs are often small cohorts that only represent a minority of patients with schizophrenia seen in everyday clinical settings leading to selection bias. Many RCTs are also limited by a short follow-up time, as evaluation of metabolic disturbances requires months to years of observation.

Objectives: Within a large cohort of real-world patients with long-term follow-up, we aim to study the differential metabolic side effects of specific antipsychotic drugs.

Methods: We performed a retrospective cohort study using the electronic patient record system "MidtEPJ", which contains data from blood samples and medication usage from all patients registered with a schizophrenia diagnosis (ICD-10 code DF20) in the central region of Denmark from 2016-2022. Patients were followed from September 2016 (for patients with a schizophrenia diagnosis before this date) or their first schizophrenia diagnosis. The exposure is treatment with AP medication. Outcomes of interest are the development of DM, defined as a diagnosis of DM or usage of anti-diabetic medication, and changes in HbA1c, glucose, and cholesterol levels (high-density lipoprotein [HDL], low-density lipoprotein [LDL], total cholesterol and triglycerides). We performed cox regression analyses to study the associations between specific AP compounds with the differential risk for developing DM and changes in metabolic markers.

Results: We identified 4909 individual patients with a schizophrenia diagnosis from October 1st, 2016, to September 30th, 2022. AP was subscribed to 4609 of these patients. The results will be presented at the 2023 EPA Congress.

Conclusions: Our results will be discussed at the conference.

Disclosure of Interest: None Declared

EPV0977

I don't know where I'm going or where I come from. Self-disorders in schizophrenia.

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Introduction: In the early stages of schizophrenia the person experiences feelings of strangeness about themselves, difficulty in making sense of things and difficulty in interacting with their environment. Based on this, self-disorder assessment instruments have been developed and empirical studies have been conducted to assess people at risk of developing a schizophrenia spectrum disorder. These studies show that self-disorders are found in pre-psychotic stages and that their manifestation can predict the transition to schizophrenia spectrum disorders.

Objectives: We present the case of a patient with multiple diagnoses and mainly dissociative symptoms who, after years of evolution, was diagnosed with schizophrenia.

Methods: Bibliographic review including the latest articles in Pubmed about self-disorders and schizophrenia.

Results: We present the clinical case of a 51-year-old woman with a long history of follow-up in mental health consultations and with multiple hospital admissions to the psychiatric unit, with several diagnoses including: dissociative disorder, histrionic personality disorder, adaptive disorder unspecified psychotic disorder and, finally, schizophrenia. The patient during the first hospital admissions showed a clinical picture of intense anxiety, disorientation and claiming to be a different person. The patient related these episodes to stressors she had experienced, and they improved markedly after a short period of hospital admission. Later, psychotic symptoms appeared in the form of auditory and visual hallucinations and delusional ideation, mainly of harm, so that after several years of follow-up and study in mental health consultations and in the psychiatric day hospital, she was diagnosed with schizophrenia and treatment with antipsychotics was introduced, with a marked clinical improvement being observed.

Conclusions: It is important to take into account this type of symptoms (self-disorders), as they allow the identification of individuals in the early stages of the disorder and create the opportunity for early therapeutic interventions.

Disclosure of Interest: None Declared

EPV0978

EXPERIENCE OF PHARMACOGENETIC TESTING IN THE TREATMENT OF ANTIPSYCHOTICS

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Introduction: One of the promising methods for optimizing treatment in order to achieve high-quality remissions is a personalized approach to prescribing therapy in the form of pharmacogenetic

testing, the feasibility of which has already been substantiated and proven in a number of clinical guidelines. By the beginning of 2022, several influential regulatory and expert organizations recommend considering the results of genetic testing when prescribing therapy. Thus, personalization of antipsychotic therapy is being introduced in the world practice.

Objectives: To establish the significance of pharmacogenetic markers that determine the efficacy and safety of antipsychotic therapy in patients with schizophrenia in clinical practice.

Methods: The study included 264 patients (141 men, 123 women; 27.3 ± 4.5 years) from among the first hospitalized in a psychiatric hospital in the period 2018-2020, meeting the inclusion criteria (psychosis within the schizophrenia spectrum disorders; consent to participate in research). Non-inclusion criteria - signs of organic brain damage; alcohol or substance abuse; somatic pathology in the stage of decompensation). The examination took place in three stages - in the first days of hospitalization at the peak of the acute condition and during the formation of remission - after 6 and 12 months. Genetic analysis was performed using high-density biochips from Illumina CoreExome Bead (Illumina Inc, USA). During the follow-up observation, some patients dropped out due to refusal to undergo examination, change of diagnosis or change of place of residence. After 6 and 12 months, it was possible to trace the dynamics of the state of 91 patients (50 men, 41 women; 24.9 ± 4.6 years).

Results: Based on the follow-up results, two types of schizophrenia dynamics were identified - with a relatively favorable and unfavorable course. The formation of a relatively stable remission corresponding to the criteria proposed by the working group was noted in 47 patients (51.6%), carriers of gene polymorphisms: DRD2 rs1799732 (del); COMT rs4680(GG); BDNF rs6265 (CC); ANKK1 rs1800497 (GG); MC4R rs489693 (AA); ABCB1 rs1045642 and ABCC1 rs212090 (GG). An unfavorable course with the ineffectiveness of antipsychotics was found in 48.4% of cases in patients with DRD2 rs1799732 (G/del) carriers; COMT rs4680(AA); BDNF rs6265 (TT); ANKK1 rs1800497 (AA); MC4R rs489693 (GG); ABCB1 rs1045642 and ABCC1 rs212090 (AA).

Conclusions: After analyzing the results of genetic testing and clinical and dynamic characteristics of the course of schizophrenia, we can talk about the relationship between the establishment of high-quality remission in the presence of polymorphisms in the genotype, whose role has been proven in terms of the effectiveness and safety of antipsychotics.

Disclosure of Interest: None Declared

EPV0979

DELUSIONAL DISORDER DURING PREGNANCY. A CASE REPORT.

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