

This is an uncommon condition which has been thought to be due to a Type IV delayed hypersensitivity reaction. Literature on clozapine-induced SDRIFE remains scarce, and reports of cross-reactivity among anti-psychotics are limited as well.

Objectives: To present a clinical case of Clozapine-induced SDRIFE with cross-reactivity between Clozapine and Quetiapine.

Methods: We describe a case of a lady with Treatment Resistant Schizophrenia who developed erythematous lesions with desquamation over her skin fold regions and buttocks within two months of Clozapine initiation.

Results: In our case, the lady was diagnosed with SDRIFE secondary to Clozapine. Clozapine was ceased, and the rashes resolved completely within a week. However, her psychiatric condition continued to worsened and she was trialed on Quetiapine. Unfortunately, she developed angioedema of the lips which necessitated a cessation of Quetiapine.

Conclusions: This case report illustrates the importance of recognising this rare condition, which can be readily treated by withdrawal of the culprit drug. Given that Clozapine and Quetiapine are structurally similar and fall under the class of Dibenzodiazepines, physicians should also be aware of the possibility of cross-reactivity among anti-psychotic medications leading to hypersensitive reactions.

Disclosure of Interest: None Declared

EPV1018

Correlation between Negative Life Experiences and Auditory Hallucinations in Schizophrenia

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Introduction: Auditory Hallucination(AH) is a core & one of the most common symptom seen in schizophrenia. A prevalence study found that 1yr prevalence of AHs is 70% among patients of schizophrenia. Most theories of AHs discuss biological & psychological factors in phenomenology of voices. There definitely is a role of biological & neuroanatomical basis for occurrence of psychotic phenomenon & AHs, however environment & sociocultural background play important role in their genesis. It has been observed that theme of AHs is usually same, repetitive & associated with past life experiences of patients. The Negative Life Experience(NLE) though not always have significant impact on patient's psyche, may manifest sooner or later in mental illness. Although AHs may be comforting, helping to cope up with unacceptable unconscious conflict, most patients report them to be negative, distressing & affecting socio-occupational functioning, thus making it important to understand & treat them effectively. Often, AHs stays as a residual symptom with which patient has to deal throughout life. This study is an effort to bridge existing gaps for better understanding of AHs & hence, Schizophrenia. It aims to understand effect of NLE on AHs, & thereby contribute to aetiology & therapeutic services to reduce distress of patients.

Objectives: This study aims to find presence of history of past NLE in patients with schizophrenia having AHs, find a correlation between NLE & the content of AHs & hence to establish the role

of sociocultural factors in phenomenology of AH in patients with schizophrenia.

Methods: A longitudinal study of 30 patients diagnosed with Schizophrenia as per DSM-5 having AHs visiting Psychiatry Department of Government Hospital was carried out over a period of 2yrs. A quantitative study to find correlation between presence of NLE & AH in patients and a qualitative study by in-depth interview of 10 patients with help of semi-structured questionnaire to understand phenomenology by procedures of interpretative phenomenological analysis was carried out.

Results: A positive statistically significant correlation between NLE & content of AH was found. Majority of patients experienced AHs based on NLE in past & heard voices related to it. Various themes such as Guilt, Fear, Inadequacy, Anger, Frustration surfaced during the qualitative study.

Conclusions: This study thus strengthens the holistic model where sociocultural factors with biological & psychological factors play a role in pathogenesis of AHs. Treatment weighing on addressing NLE & emotions attached to it may help in foreshortening recovery & deal with residual AHs. This can help in therapeutic management of distress in patients, relieve internal conflict within their psyche, where they would feel more understood and learn to live with persistent AHs.

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EPV1019

Treatment adherence of a case managed program for patients with severe schizophrenia compared to standard care in mental health units.

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Introduction: Although some studies have reported that case management (CM), when is compared with standard care, reduces the loss of contact with health services, the debate continues about its superiority over other treatment models.

Objectives: To assess treatment adherence and reasons for treatment discontinuation, and the impact of the type of APs administration on it, for a group of patients with schizophrenia treated in a CMP or receiving standard treatment in mental health units (MHUs).

Methods: An observational, longitudinal study (ten-year follow-up) was conducted on 688 patients with severe schizophrenia (CGI-S \geq 5). All the causes of the end of treatment were recorded, together with the AP medication prescribed and kind of regimes.

Results: 43.6% of the patients had discontinued treatment in MHUs and only 12.1% on the CMP ($p < 0.0001$). 27.6% of patients in MHUs were on long-acting injectables (LAIs), and 57.6 on the CMP ($p < 0.001$). Treatment discontinuation was closely linked to be on OAPs medication in both cases ($p < 0.001$).

Table 1. Treatment discontinuation, hospital admissions and suicide attempts [N(%)]

| N= 688 | MHU (N=344) | CMP (N=344) | P value | |
|----------------------------------|-------------|------------------------|------------|-----------------------|
| Treatment discontinuation | 290 (84.3) | 42 (12.2) | <0.00001 | |
| | OAP | LAI | OAP | LAI |
| Treatment discontinuation | 180(52.3) | 90(26.2) ^a | 34(9.9) | 8(2.3) ^b |
| Hospital admissions | 260 (75.6) | 80 (23.5) | <0.001 | |
| | OAP | LAI | OAP | LAI |
| Hospital admissions | 180 (52.3) | 80 (23.5) ^a | 65 (18.9) | 15 (4.4) ^b |
| Suicide attempts | 134 (38.9) | 26 (7.7) | <0.0001 | |
| | OAP | LAI | OAP | LAI |
| Suicide attempts | 160(46.5) | 74(21.5) ^a | 18(5.2) | 8(2.3) ^b |

^a: p<0.01 ^b: p<0.001 N: number of patients %: percentage of patients
 MHU: mental health unit CMP: case managed programme
 AP: antipsychotic FGA, SGA: first, second generation antipsychotic
 OAP: oral antipsychotic LAI: long-acting injectable antipsychotic

Conclusions: Our findings show how specific strategies as programs with an integrated treatment and case-managed approach, increase adherence. Moreover, treating with LAI APs clearly contributes to the achievement of these results. The widespread implementation of comprehensive community programs with case management, and the use of LAI-APs, should be an effective choice for people with schizophrenia and clinical severity and impairment, and at high risk of treatment discontinuation.

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EPV1020

Mothers and fathers with schizophrenia: Treatment and quality of life

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Introduction: Schizophrenia is a chronic disease that deteriorates the functionality of patients, especially when raising a family and caring for children. We are interested in analyzing the characteristics of mothers and fathers diagnosed with schizophrenia and their degree of global activity when switching from oral treatments to injectable treatments.

Objectives: 1 To evaluate the quality of life and functional level of mothers with schizophrenia treated with quarterly paliperidone palmitate. 2. To compare the quality of life and functional level when switching from oral treatment to long-acting injectables.

Methods: Participants were 3 mothers and 3 fathers, 33-40 years old, with a diagnosis of schizophrenia in monotherapy who

changed treatment with monthly paliperidone palmitate to quarterly paliperidone palmitate LD IM (525 mg/every 12 weeks). Retrospective data collection. QLS quality of life scale.

Results: Six patients were included, caregivers of 1 child (80%), 2 children (20%) who met the inclusion criteria and completed the questionnaires. After its application and correction by means of non-parametric tests (N<30). During oral treatment, scores are observed in the QLS questionnaire of: intrapsychic functions mean 34.2, interpersonal relationships mean 19, instrumental role mean 8, daily activities mean 8. After 12 months of treatment with intramuscular paliperidone palmitate (injectable every 12 weeks) scores were obtained: intrapsychic functions mean 36, interpersonal relationships mean 23, instrumental role mean 15, daily activities mean 11. A better functioning of the patients was observed in the instrumental categories and daily activities. As well as the patients referred better adherence to treatment.

Conclusions: In our experience, injectable long-acting Paliperidone Palmitate every 12 weeks is associated with the perception of a better quality of life in parents with schizophrenia and increases administration facilities as well as planning in their daily lives.

Disclosure of Interest: None Declared

EPV1021

PSYCHOTIC PATIENT AND AFFECTATION OF THE SEXUAL SPHERE. ABOUT A CLINICAL CASE

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Introduction: Clinical case description.

A 44-year-old male, with paranoid schizophrenia, polydrug addict and IVDU since he was 14 years old. Live alone. He is brought by the Local Police for heteroaggressiveness when he was arrested for trespassing and resisting authority. He has presented 14 hospital admissions and therapeutic communities for detoxification since 2000.

Objectives: 1. To analyze the causes of abandonment of treatment

Methods:

1. Complete medical history
2. Blood test with hormone profile
3. PRAEQ Questionnaire

Absence of child psychopathology until the age of 6, at which time his parents separate and he becomes introverted, with solitary activities and distractions. On examination, the patient is restless. Psychotic contact. Delusional speech centered on ill-structured ideas of harm, persecution and grandiose, being difficult to explore due to lack of collaboration on the part of the patient, who only accepts treatment with aripiprazole 5 mg due to sexual dysfunction with the rest of the treatments.

Results: During his admission, he has evolved from a very unstructured delusional theme and social isolation, with lax and tangential speech and refusal to take any treatment except aripiprazole, towards a cooperative, trusting attitude, with attenuation of his