

Methods: We conducted a descriptive and analytical cross-sectional study at the Psychiatry “B” department of Hedi Chaker University Hospital in Sfax, Tunisia, during May and June 2023. Our study involved stabilized female patients diagnosed with either schizophrenia or schizoaffective disorder. We utilized the 26-item Revised Psychosis Attachment Measure (PAM_R) questionnaire translated into Arabic and the Positive and Negative Syndrome Scale (PANSS) score to assess schizophrenic symptoms.

Results: We enrolled a total of 41 female patients in our study, with 65.9% diagnosed with schizophrenia and 34.2% with schizoaffective disorder. The average age of the participants was 49.19 years, ranging from 17 to 79 years old. In terms of attachment styles, avoidant attachment was the most prevalent (60.97%), followed by anxious attachment (24.39%), and disorganized attachment (14.63%). Our study revealed significant associations between avoidant attachment and several factors. Patients who began psychiatric follow-up with hospitalization had a significantly higher level of avoidant attachment compared to those starting with outpatient consultation ($p < 0.001$). The type of therapy also influenced avoidant attachment, with a significant difference ($p < 0.001$). Insight into their condition also played a significant role ($p < 0.001$). Moreover, the age at which psychiatric follow-up began showed a statistically significant correlation with avoidant attachment (Spearman’s $\rho = 0.000$, $p < 0.001$). Individuals with higher avoidant attachment tended to have a longer duration of untreated psychosis, supported by a statistically significant positive correlation (Spearman’s $\rho = 0.082$, $p < 0.001$). There was also a statistically significant relationship between avoidant attachment and the equivalent dose of chlorpromazine, with a positive correlation (Spearman’s $\rho = 0.091$, $p < 0.001$), indicating that individuals with higher avoidant attachment may require higher equivalent doses of chlorpromazine. Finally, higher levels of avoidant attachment were associated with a lower presence of positive symptoms in schizophrenia (Spearman’s $\rho = -0.026$, $p < 0.001$).

Conclusions: Insecure attachment is a valuable mechanism for understanding the evolution of schizophrenia spectrum phenomenology and may be a useful target for prophylactic interventions.

Disclosure of Interest: None Declared

EPV0957

Identifying Challenges in Social Functioning Among Women with Schizophrenia

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Introduction: Schizophrenia spectrum disorders profoundly impacts social functioning, affecting interpersonal relationships, work interactions, and self-care. This disorder often leads to cognitive, perceptual, motor, and emotional challenges that result in social withdrawal.

Objectives: The aim of the study is to identify the specific challenges in social functioning faced by women diagnosed with schizophrenia spectrum disorders.

Methods: We conducted a descriptive cross-sectional study among stabilized female patients with schizophrenia or schizoaffective disorder, in the ‘B’ psychiatry department at Hedi Chaker University Hospital in Sfax, Tunisia, from May to June 2023. We collected both sociodemographic and clinical data from the participants. The Social Functioning Scale (SFS) and Global Functioning Scale (EGF) were used to assess social and global functioning, respectively.

Results: Forty-one patients were included: 65.9% had schizophrenia, and 34.2% had schizoaffective disorder. The mean age was 49.19 years, ranging from 17 to 79 years. More than a third (39%) of our patients had significant impairment in global functioning (EGF<50). The average total score on the social functioning scale was 13.65, with a range from 6.29 to 20.29. Additionally, 39% of our patients exhibited low social functioning, and 51.21% had a high withdrawal score. The most impacted domains were leisure (63.41%) and employment (60.97%), followed by interpersonal behavior (58.53%), prosocial activities (48.78%), independence competence (41.46%), and lastly, independence performance (36.85%).

Conclusions: Social skills training is crucial for enabling women with schizophrenia to function well in their environment.

Disclosure of Interest: None Declared

EPV0958

Prevalence of Childhood Trauma Among Women with Schizophrenia: A Cross-Sectional Study

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Introduction: Schizophrenia is a complex and multifactorial disorder believed to arise from the interplay between genetic factors and environmental influences. Among these environmental factors, childhood trauma stands out as a significant contributor to the onset of schizophrenia in adulthood.

Objectives: The objective of this study was to assess the occurrence rates of physical, emotional, and sexual abuse, as well as physical and emotional neglect in a group of Tunisian women diagnosed with schizophrenia spectrum disorders.

Methods: We conducted a descriptive cross-sectional study among stabilized female patients with schizophrenia or schizoaffective disorder, in the ‘B’ psychiatry department at Hedi Chaker University Hospital in Sfax, Tunisia, from May to June 2023. We administered the 28-item Childhood Trauma Questionnaire (CTQ).

Results: In this study, 41 female patients were enrolled, with 65.9% diagnosed with schizophrenia and 34.2% with schizoaffective disorder. The average age of participants was 49.19 years, ranging from 17 to 79. The mean score on the Childhood Trauma Questionnaire (CTQ) was 56.34, with scores ranging from 43 to 98. Emotional neglect was the most prevalent form of trauma, reported by 40 patients (97.6%). Following emotional neglect, physical abuse was found in 16 patients (39%), sexual abuse in 10 patients (24.4%), emotional abuse in 6 patients (14.6%), and physical neglect in 2 patients (4.9%).

Conclusions: Based on these findings, our recommendation is to establish government-operated facilities that offer emotional and psychological support, legal assistance, parenting guidance, and medical monitoring in collaboration with educational institutions and social and child protection services for those in need.

Disclosure of Interest: None Declared

EPV0959

The Impact of Insecure Attachment on Social Functioning in Women with Schizophrenia

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Introduction: Attachment styles is intrinsically related to the capacity for forming close social bonds, making it a vital lens through which to understand social functioning.

Objectives: This study investigates the link between attachment styles and social functioning among women diagnosed with schizophrenia.

Methods: We carried out a descriptive and analytical cross-sectional study from May to June 2023, focusing on stabilized female patients diagnosed with schizophrenia or schizoaffective disorder. The study took place in the 'B' psychiatry department of Hedi Chaker University Hospital in Sfax, Tunisia. Data on attachment styles and social functioning were collected using self-report questionnaires: the Revised Psychosis Attachment Measure (PAM_R) and the Social Functioning Scale (SFS). In our study, we employed both the Wilcoxon test for paired samples and the Spearman correlation test to assess the differences and correlations between attachment scores and social functioning scores, respectively.

Results: In the study, 41 female patients were included. The participants had a mean age of 49.19, ranging from 19 to 79 years old. Attachment styles were predominantly avoidant (60.97%), followed by anxious (24.39%) and disorganized (14.63%). A significant portion, 39%, exhibited low social functioning. The domains most affected were leisure (63.41%) and employment (60.97%). Our analysis revealed negative correlations between avoidant attachment and social functioning in leisure activities (Spearman's $\rho = -0.057$, $p < 0.05$) as well as between avoidant attachment and independence performance (Spearman's $\rho = -0.040$, $p < 0.05$). Also, the correlation coefficient for anxious attachment and leisure activities is 0.041, demonstrating a positive association ($p < 0.005$).

Conclusions: These initial findings may imply a potential association between attachment styles and social functioning in schizophrenia.

Disclosure of Interest: None Declared

EPV0960

Kretschmer's Sensitive Delusion Of Reference: Clinical Case Report

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Introduction: The sensitive delusion of reference represents a clinical entity described by Kretschmer in 1918, arising in people with sensitive personality. This personality type is mainly characterized by a tendency towards social isolation, introversion, low self-esteem and by a greater sensibility to interpersonal judgement. In this personality type, the presence of specific environmental triggers may provoke a reference delusion of persecutory content, feelings of guilty and injustice. Although eliminated from the current diagnostic classifications, the sensitive delusion of reference represents a key milestone in the history of psychopathology.

Objectives: The goal of this report is to report on a clinical case of a patient diagnosed with Kretschmer's sensitive delusion of reference.

Methods: The present work consists on a descriptive report of a clinical case through consultation of the patient's clinical file as well as a survey of relevant articles on *Pubmed*.

Results: This is a 38 year old, married man with no children. He describes himself as a private, introverted individual, who has little interaction with his peers, and has been very sensitive to criticism ever since his adolescence. His first psychiatry appointment took place in April 2021, following the medical referral of his general practitioner as, according to the patient's mother and wife, he had been, for quite some time, implying that his mobile phone had been under wire and that someone had been monitoring him. As stated by these relatives, these ideas surfaced after a workplace conflict. At the time, the patient was medicated with olanzapine 10mg and lorazepam 2.5mg before bedtime, exhibiting significant improvements with full remission of psychotic symptomatology. Succeeding the antipsychotic tapering attempt, the patient had begun to suffer from insomnia and recrudescence of psychotic symptomatology, namely, the delusion ideation of persecutory content and auditory hallucinations, as a result, the previous treatment regimen was resumed, which resulted in significant improvements of the clinical picture. Following new observation, in 2023, the patient mentions weight gain and drowsiness during the day, leading to the switch of olanzapine 10mg for aripiprazole 15mg. The current treatment plan consists of aripiprazole 15mg once a day and lorazepam 1mg 1/2 before bedtime, resulting in an improvement of the previous complaints and maintenance of the psychosocial functioning, unaccompanied by psychotic symptomatology.

Conclusions: In conclusion, and relatively to the condition's prognosis, Kretschmer observed that, although in some situations the episodes were brief and self-limiting, in others, the patients maintained psychotic symptomatology, during the following years. In the present clinical case we recognised the need to sustain the antipsychotic treatment regimen, as the respective dosage reduction lead to an aggravation in symptomatology.

Disclosure of Interest: None Declared