

and statistical analysis of the data was performed using the SPSS program.

Results: Over the 4-year study period, 81 patients with first-episode psychotic symptoms at admission were selected. The average age was 46.98 years, with a slight male predominance. 46.9% (n=38) were admitted involuntarily, and 53.1% (n=43) were admitted voluntarily. The average DUP was 73 days. DUP was 95.92 days for patients admitted involuntarily and 54.72 days for voluntary admission. This difference was not statistically significant.

Conclusions: There was a longer DUP in patients admitted involuntarily, although this association was not statistically significant. However, it is important to emphasize that involuntary hospitalization is frequently linked to more severe cases and poorer prognosis. Therefore, recognizing psychotic symptoms as early as possible is essential to facilitate prompt identification and effective treatment for patients experiencing their first episode of psychosis, ultimately leading to an improved prognosis.

Disclosure of Interest: None Declared

EPV0925

The Relationship Between Internal Stigmatisation, Recovery and Treatment Adherence in Individuals with Schizophrenia

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Introduction: Schizophrenia has a clinical course that has a great negative impact on the daily life of the person due to the cognitive and social problems it causes. Internalised stigmatisation is a very common negative phenomenon in individuals diagnosed with schizophrenia. It is known that treatment adherence is low in schizophrenia patients with high levels of internalised stigma. Lack of adequate treatment adherence in these patients is a negative factor in terms of recovery. Reducing the level of internal stigmatisation and reinforcing treatment adherence in schizophrenia has a positive effect on recovery. Considering this situation, it is important to determine the relationship between internal stigmatisation, treatment adherence and recovery in schizophrenia patients. In the literature review, there were no studies in which the relationship between internal stigmatisation, recovery and treatment adherence in individuals diagnosed with schizophrenia was carried out together.

Objectives: In this study, it was aimed to fill the existing gap in the relevant field and to be a resource for further intervention programmes.

Methods: The study was planned as descriptive. The sample of the study consisted of individuals diagnosed with schizophrenia aged 18 years and over who met the inclusion criteria and accepted to participate in the study by purposive sampling method. In the power analysis, the sample number was calculated as (N=80) with a margin of error of 0.5. Personal information form, Internalised Stigma Scale in Mental Illness (ISMI), Recovery Assessment Scale

(RAS) and Medication Adherence Rating Scale (MARS) were used for data collection. IBM SPSS 27.0 package programme was used for statistical analysis.

Results: The data are still being analysed in detail by the researchers. The findings and relational results of the study will be presented.

Conclusions: It is thought that the results of the study will contribute to the reporting of the relationship between intrinsic stigma, recovery and treatment adherence in individuals diagnosed with schizophrenia, and by revealing the relationship between the variables, it is thought that it will be a source for planning interventions that will increase the treatment adherence and recovery perceptions of schizophrenia patients and reduce their intrinsic stigma.

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EPV0926

Experience with 6-month paliperidone palmitate in a mental health center: descriptive study in real clinical practice

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Introduction: Extensive evidence supports that the use of long-acting injectable antipsychotics (LAIs) reduces the risk of relapses and maintains functional and symptomatic improvements in patients with schizophrenia, both in the initial stages and in chronic cases. Several LAIs are available but paliperidone palmitate is the only antipsychotic with formulations lasting 3 (PP3M) and 6 (PP6M) months. Longer-duration LAIs achieve stable treatment with fewer injections. Recent studies with PP3M support a reduction in hospitalizations and emergency room visits compared to monthly paliperidone and aripiprazole or oral antipsychotics.

PP6M seems to be at least as effective and well tolerated as other LAIs in preventing relapses in previously stabilized patients with schizophrenia.

Objectives: to assess efficacy and tolerability of PP6M in a real clinical practice compared to previous treatment (oral antipsychotics or other LAIs)

Methods: Patients with a diagnosis of psychotic disorder and treatment with PP6M have been recruited consecutively in a Mental Health Centre in the Community of Madrid (Spain). Clinical stability (CGI and emergency visits and hospitalizations since the start of treatment), tolerability (adverse effects), functionality (PSP scale) and satisfaction with treatment (TMSQ scale) have been studied.

Results: 16 patients were included throughout the first 6 months of treatment with PP6M treated at a CSM in the Community (CSM) of Madrid, of which 2 abandoned the study. Among the 14 patients included, aged between 26 and 60 years, 13 had a diagnosis of