

**Methods:** Observation of the patient and consultation the clinical file. Non-systematic literature review on catatonia, clozapine, side effects associated with rapid discontinuation and respective treatment.

**Results:** 34-year-old man, with the diagnosis of Schizoaffective Disorder. Admitted due to an acute decompensation with psychotic symptoms resistant to treatment requiring the introduction of clozapine. In the absence of a clinical response, clozapine was suspended, with the consequent appearance of catatonia resistant to benzodiazepines in high doses.

**Conclusions:** Its already well established that the abrupt discontinuation of clozapine can trigger catatonia. This clinical case and literature review suits to emphasize the importance of educating psychiatrists on the adverse effects of psychiatric drugs and, in this case, the cautious discontinuation of clozapine in order to avoid its rebound effects.

**Keywords:** abrupt interruption of clozapine; rebound effects; Catatonia; clozapine

## EPP1254

### The factors associated with subjective cognitive complaints in schizophrenia

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**Introduction:** Schizophrenia (SKZ) is a chronic, disabling and incapacitating psychiatric disorder. In addition to the traditional symptoms of schizophrenia, the suffering of this patients can be expressed through a set of cognitive complaints

**Objectives:** To determine the factors associated with subjective cognitive complaints in schizophrenia

**Methods:** We conducted a cross-sectional descriptive and analytical study among a sample of 72 patients followed in psychiatric outpatient of Hedi chaker university hospital in sfax. We used the SSTIC scale to determine subjectif complains and the PANSS to evaluate positif and negatif symptoms

**Results:** The mean age of our population was 46.83± 11.6 years. The patients had a low socio-economic level in 70.1%. They were unemployed in 46.9%, consumed alcohol in 23.6% and consumed tobacco in 58,6% of the cases. the total score on the PANSS scale was 46, distributed as follows: 9 for positive symptoms, 17 for negative symptoms and 22 for total psychopathological assessment. They had an average score of 25 on the total SSTICS score Factors significantly correlated with subjective cognitive complaints were: low socio-economic level (p=0.04), lack of occupation (p=0.001), alcoholism (p=0.001), smoking (p=0.01) and presence of negative symptoms (p=0.00).

**Conclusions:** This study demonstrates that socio-demographic characteristics and the predominance of negative signs may increase the subjectif cognitif complains in schizophrenia. The recognition of these associations by the psychiatrist can have an important implication in the therapeutic management.

**Keywords:** cognitif; subjectif; complains; schizophrénia

## EPP1255

### Quality of life in patients with schizophrenia

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**Introduction:** Schizophrenia, with its high prevalence, chronic progression and social impact, is a major challenge for health professionals. For this reason it is important to assess the impact of this disease on these patients, mainly on their quality of life.

**Objectives:** To study the quality of life in patients with schizophrenia and determine the factors correlated with it.

**Methods:** A cross-sectional, descriptive and analytical study of 28 patients with schizophrenia followed up at the psychiatric consultation in Hédi Chaker University Hospital of Sfax. Data collection was performed using a sheet exploring socio-demographic and clinical data. We used the Quality of Life Scale (Q-LES-Q-SF).

**Results:** The average age of our patients was 40.61±6.27 years. The sex ratio (M/F) was 1.15. The socioeconomic level was low in 71.4%. The average number of relapses was 3.04±1.4. Follow-up and compliance were good in 28.6% of cases. The average number of hospitalizations was 3.04±1.4. The average of quality of life in patients with schizophrenia was 21±5.74. The quality of life was affected with age (p=0.023), with the high number of relapses and with a higher number of hospitalizations in psychiatric hospital (p=0.008). Quality of life was improved with regular follow-up and good adherence to the treatment (p=0.000).

**Conclusions:** The quality of life in mental disorders was impaired mainly in schizophrenics, hence the need to evaluate in a codified way the quality of life of our patients in order to raise awareness among general practitioners as well as psychiatrists to improve the therapeutic and social care of patients.

**Keywords:** schizophrénia; quality of life

## EPP1259

### First-rank symptoms: Past, present and future

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**Introduction:** Conceptualising Schneider's first-rank symptoms (FRS) as a diagnostic test whose performance can be measured in terms of sensitivity and specificity involves some issues that require reflection. The first formal proposal was contained in a 1939 monograph Schneider wrote, but little is known of their prehistory. In recent years there has been renewed interest in their clinical value.

**Objectives:** This work aims to review the the diagnostic the evolution and diagnostic accuracy of FRS.