

Methods: The battery of instruments was used: Self-stigmatization questionnaire (V.S. Yastrebov, I.I. Mikhailova et al., 2005), revealing the patient's tendency to explain their problems in the main areas of psychosocial functioning as manifestations of the disease or the prejudice against them; Emotional intelligence questionnaire (D.V. Lyusin, 2006); Quality of life questionnaire (J.E. Ware et al., 1995); Montreal Cognitive Assessment (Z.S. Nasreddine, 1996). 40 patients with schizophrenia (ICD-10 F.20), receiving psychosocial treatment in a non-profit organization in community, were examined.

Results: The overall level of self-stigmatization in the studied patients constituted 42.8% or an average level of self-stigmatization. Using Self-stigmatization questionnaire, nine components of self-stigmatization were revealed. The most pronounced indicators were in following components: "Reassessment of self-realization", "Readiness to distance from the mentally ill in the social sphere", "Reassessment of internal activity" (56.2%, 56.5%, 55.1% correspondingly). By the forms of self-stigmatization demonstrated that patients with autopsychic form (the justification of their failure by the disease) constituted the largest proportion or 41%. The compensatory form (denial of one's incompetence with its exaggeration in other mentally ill people) and socio-reversive form (explaining incompetence by the prejudice against them) had similar rates in 29% and 30% of patients, correspondingly. Inverse strong correlations with some of scales of the Emotional intelligence questionnaire, Cognitive scale and the Quality of life questionnaire were established. Destigmatization training for patients with schizophrenia based on cognitive behavioral psychotherapy was worked out. A set of destigmatization interventions was proposed and implemented.

Conclusions: A complex of different interventions taking into account the form of self-stigmatization and its main components, should be used. These interventions have to include psychoeducation, cognitive trainings, self-esteem trainings and special destigmatization trainings.

Keywords: schizophrenia, self-stigmatization, destigmatization trainings

Disclosure of Interest: None Declared

EPP0769

Cognitive and emotional-volitional disorders in patients with residual schizophrenia

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Introduction: Studies show that patients diagnosed with residual schizophrenia are characterized by cognitive and emotional-volitional disorders that increase with age. They can be the main barrier to treatment, psychosocial rehabilitation, and cause disability.

Objectives: To identify cognitive and emotional-volitional disorders in patients with residual schizophrenia.

Methods: The BACS and the abbreviated MMPI test were used; 20 patients with residual schizophrenia (ICD-10 F.20.5xx) receiving outpatient treatment (mean age 59.65 ± 14.24 years) were examined. Exclusion criterion: scores more 4 on at least one parameter of positive symptoms according to the PANSS.

Results: Patients with residual schizophrenia show an overall decline in cognitive function (BACS composite score =

31.56 ± 14.24) compared with healthy individuals, as well as compared with patients suffering from other forms of schizophrenia spectrum disorders. The greatest deficiency was revealed in the speed of information processing (subtests "Symbol Coding" = 28.01 ± 10.06 ; "Verbal Fluency" = 37.56 ± 11.57) and auditory-speech memory (subtest "Verbal Memory" = 33.25 ± 6.02). These parameters showed significant associations ($r=0.56$ at $p \leq 0.01$) with the disability of such patients. However, this deficit could be compensated by the relative preservation of planning processes and executive functioning (subtest "Tower of London" = 14.91 ± 4.57). Among the emotional and volitional disorders, the most important is the subjective feeling of low mood and paranoid tendencies (MMPI scales "Dp" = $56.38 \pm 10.74T$, "Pa" = $59.06 \pm 14.49T$), which can reduce the compliance of patients with residual schizophrenia.

Conclusions: Methods for leveling cognitive and emotional-volitional disorders should to include in programs of psychosocial rehabilitation of patients with residual schizophrenia.

Disclosure of Interest: None Declared

EPP0770

Posttraumatic growth in psychosis: Symptoms, meaning, and coping

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Introduction: Research suggested that psychosis and mental illness-related experiences can be extremely traumatic, and that psychosis could theoretically also lead to posttraumatic growth (Mazor et al., 2019; PTG). The promotion of PTG may contribute to the treatment of people who experienced massive traumas such as people with severe mental illness (SMI). Psychotic symptoms are a common feature of SMI, and individuals who have experienced psychosis are also more likely to have been exposed to trauma and are more vulnerable to developing posttraumatic symptomatology (Ng et al., 2021). Negative symptoms such as amotivation could also contribute to the traumatic experiencing of psychosis (Mazor et al., 2016). Amotivation is specifically relevant to the possible traumatic sequelae of psychosis (Mueser et al., 2010). Alongside the adverse consequences of psychopathological symptoms is the unique outcome of coping with adversity (Tedeschi & Calhoun, 1995)- PTG. Two important factors that contribute to PTG is coping self-efficacy (CSE), and meaning making (Mazor et al., 2018). We investigated the possibility of PTG in individuals with SMI, through the mediating effect of CSE and meaning making.

Objectives: Recent research has shown high rates of exposure to trauma among people with SMI, and that psychosis and mental illness-related experiences can be extremely traumatic. While some develop PTSD, it has been noted that some may also experience PTG. However, few studies have examined PTG in this population.

Methods: 121 participants were recruited from community mental health centers and administered trauma and psychiatric questionnaires. Study protocol was approved by the University of Haifa ethics board.

Results: High levels of traumatic exposure were found in the sample. Furthermore, we found that people who endured psychosis

can experience PTG, which was mediated by meaning making (MLQ) and CSE. Psychotic symptoms were found to be a major obstacle for PTG, whereas negative symptoms were found to have the potential to lead to PTG when mediated by meaning making and CSE.

Mediation analyses for the dimensions of PANSS, MLQ total, CSE total, and PTGI total (N=121)

Dependent Variable (DV)	Independent variable (IV)	Mediator	IV to	Mediator	Mediation	Z
			mediator	to DV	effect	
			B (SE)	B (SE)	B (SE)	
PTGI total	PANSS Positive symptoms total	MLQ total	-0.46 (0.26)	0.99*** (0.10)	-0.46 (0.27)	1.71
		CSE total		-2.08 (0.89)	0.28*** (0.03)	-0.58 (0.28)
	PANSS Negative symptoms total	MLQ total	-0.64*** (.17)	0.93*** (0.11)	-0.60 (0.17)	3.62***
			-2.06*** (0.58)	0.26*** (0.03)	-0.53 (0.17)	3.13**
	PANSS General psychopathology total	MLQ total	-0.64*** (.12)	0.96*** (0.11)	-0.61 (0.13)	4.77***
			-2.32*** (0.43)	0.27*** (0.03)	-0.62 (0.15)	4.08***

Note. **p<.01
***p<.001

Conclusions: The portrayed research provided preliminary evidence for the potential role of meaning making and CSE as mediators of PTG in the clinical, highly traumatized population of people with SMI who have experienced psychosis.

Disclosure of Interest: None Declared

EPP0771

Interactions between dopamine transporter and N-methyl-D-aspartate receptor-related amino acids on cognitive impairments in schizophrenia

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Introduction: Cognitive impairments, the main determinants of functional outcomes in schizophrenia, had limited treatment responses and need a better understanding of the mechanisms. Dysfunctions of the dopamine system and N-methyl-D-aspartate receptor (NMDAR), the primary pathophysiology of schizophrenia, may impair cognition.

Objectives: This study explored the effects and interactions of striatal dopamine transporter (DAT) and plasma NMDAR-related amino acids on cognitive impairments in schizophrenia.

Methods: We recruited 36 schizophrenia patients and 36 age- and sex-matched healthy controls (HC). All participants underwent cognitive assessments of attention, memory, and executive function. Single-photon emission computed tomography with ^{99m}Tc-TRODAT and ultra-performance liquid chromatography were applied to determine DAT availability and plasma concentrations of eight amino acids, respectively.

Results: Compared with HC, schizophrenia patients had lower cognitive performance, higher methionine concentrations, decreased concentrations of glutamic acid, cysteine, aspartic acid, arginine, the ratio of glutamic acid to gamma-aminobutyric acid

(Glu/GABA), and DAT availability in the left caudate nucleus (CN) and putamen. Regarding memory scores, Glu/GABA and the DAT availability in left CN and putamen exhibited positive relationships, while methionine concentrations showed negative associations in all participants. The DAT availability in left CN mediated the methionine-memory relationship. An exploratory backward stepwise regression analysis for the four biological markers associated with memory indicated that DAT availability in left CN and Glu/GABA remained in the final model.

Conclusions: This study demonstrated the interactions of striatal DAT and NMDAR-related amino acids on cognitive impairments in schizophrenia. Future studies to comprehensively evaluate their complex interactions and treatment implications are warranted.

Disclosure of Interest: None Declared

Suicidology and suicide prevention 02

EPP0772

Suicide risk among residents in a cross-sectional study: the role of the Interpersonal Psychological Theory of Suicide

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Introduction: The peculiar requests of postgraduate teaching could affect the students' lives, predisposing them to mental disorders and suicide risk (e.g. Abreu et al., 2021). The Interpersonal Psychological Theory of Suicide (IPTs) (Joiner, 2005) is a model that has proved useful in explaining this risk.

Objectives: We analyzed risk factors associated with current suicidal ideation (SI) and history of suicidal planning and/or suicide attempt (SP/SA) in a sample of 97 Italian residents in psychological (n= 17, 17.5%) and medical and health care area (n=80, 82.5%) (mean age 29.18±3.25 SD).

Methods: Socio-demographic, psychological (i.e. State-Trait Anxiety Inventory, Beck Depression Inventory – II; BDI-II, Rosenberg Self-Esteem Scale, Reasons For Living Inventory; RFL, Psychache Scale, Mental pain questionnaire; MPQ, Visual Analogue Scale - VAS - on mental pain, Acquired Capability for Suicide Scale-Fearlessness About Death) psychosocial (i.e. Interpersonal Needs Questionnaire; INQ, UCLA Loneliness Scale Version 3, Multidimensional Scale of Perceived Social Support; MSPSS) and somatic pain features (i.e. VAS, Pain Vigilance and Awareness Questionnaire; Self-Awareness Questionnaire; SAQ) were collected through an online questionnaire. We compared residents with SI vs No SI and residents with SP/SA vs No SP/SA and the emerged significant variables, have been inserted in logistic regression models with stepwise method, backward elimination.

Results: The presence of depression (BDI-II), low reasons for living (RFL), psychological pain (Psychache Scale and MPQ),