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**Introduction:** Schizophrenia is a severe and disabling psychiatric disorder probably based on complex pathophysiological mechanisms of reduced inhibition, impaired connectivity and reduced plasticity in neural networks. Beside clinical symptomatology, a core feature of schizophrenia is a global cognitive and social disability, which strongly affect patients' lives and their quality of life. The cognitive impairment involves memory, attention, executive functions, language, facial emotion recognition and theory of mind abilities. Cognitive remediation strategies, in addition to pharmacological and psychological treatments, has received increasing attention in recent years, as well as the use of non-invasive brain stimulation techniques such as TMS, which have demonstrated promising therapeutic potential.
**Objectives:** The present study aimed to evaluate the efficacy of TMS to induce improvements in cognitive functioning in schizophrenia. It also aimed to test the effects of a combined approach to rehabilitation, using both TMS and cognitive remediation strategies.
**Methods:** 16 patients were submitted to effective or sham iTBS over the left dorsolateral prefrontal cortex during 3 consecutive weeks. In half of patients the neuromodulation was combined with daily cognitive remediation training (Cogpack software), administered immediately after the application of TMS. Clinical, cognitive and social functioning were tested at baseline and at different timepoints after conclusion of the rehabilitation protocol (immediately after the 3 weeks protocol, and after 1, 3 and 6 months).
**Results:** The preliminary results indicate that the proposed TMS protocol induced significant improvements in global cognition. In addition, patients submitted to TMS, even without combined cognitive rehabilitation training, showed major benefits after 1 month from brain stimulation.
**Conclusions:** These preliminary data suggest that TMS can induce long-lasting plastic changes in the prefrontal cortex of schizophrenic patients, improving their cognitive perfomances. TMS could be therefore considered in the treatment of schizophrenia to reduce cognitive impairments.

**Disclosure of Interest:** None Declared

## EPP0253

### Suicide following treatment with electroconvulsive therapy: A nationwide study of risk factors among 11,780 patients

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**Introduction:** Despite the well-established anti-suicidal effect of electroconvulsive therapy (ECT), patients receiving ECT remain at high risk of dying from suicide.
**Objectives:** In the present study, we aimed to quantify this risk and identify risk factors for suicide among patients receiving ECT.
**Methods:** We used nationwide Danish registers to identify all patients that initiated ECT between 2006 and 2016. These patients were matched on sex and age to 10 reference individuals from the general Danish population. First, we compared 2-year suicide risk between patients initiating ECT and the matched reference individuals. Second, we investigated if any patient characteristics were associated with suicide following ECT via Cox proportional-hazards regression.
**Results:** A total of 11,780 patients receiving ECT and 117,800 reference individuals were included in the analyses. Among the patients receiving ECT, 161 (1.4%) died from suicide within two years. Compared to the reference individuals, patients receiving ECT had a substantially elevated suicide rate (Hazard rate ratio (HRR)=44.5, 95%CI=31.1-63.6). Among those receiving ECT, we identified the following risk factors for suicide: Male sex (HRR=2.3, 95%CI=1.7-3.1), age 60-70 years (HRR=1.6, 95%CI=1.0-2.6), Medium-term higher education (HRR=1.5, 95%CI=1.0-2.2); Long-term higher education (HRR=1.9, 95%CI=1.1-3.1), history of substance use disorder (HRR=2.0, 95%CI=1.4-2.8) and history of intentional self-harm/suicide attempt (HRR=4.0, 95%CI=2.8-5.8).
**Conclusions:** Among patients receiving ECT, those who are male, aged 60-70 years, have mediumterm to long-term higher education, or have a history of substance use disorder or intentional self-harm/suicide attempt, are at particularly elevated risk of suicide. These findings may guide initiatives to reduce the risk of suicide.

**Disclosure of Interest:** None Declared

## Schizophrenia and other psychotic disorders 02

## EPP0254

### Impact of insight quality on treatment adherence in schizophrenia

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**Introduction:** Schizophrenia is a chronic, frequent, and disabling psychiatric condition. The prognosis is more severe in the absence of treatment.
**Objectives:** The aims of our study were to evaluate the quality of treatment adherence and the quality of insight of patients with schizophrenia and to assess the implication of these factors as predictors of poor adherence.
**Methods:** We conducted a cross-sectional and analytical study. We recruited 150 patients with schizophrenia treated at Razi Hospital of Manouba, divided into 113 patients with good adherence compared to 37 patients with poor adherence. We used the Medical Adherence Report Scale (MARS) to assess the quality of therapeutic adherence and the Birchwood Insight Scale for Insight Assessment.
**Results:** Poor treatment adherence in patients with schizophrenia was significantly associated with poor insight (p=0.001). Good adherence was associated with positive perception of treatment effectiveness (p<0.001). The predictive factor for poor adherence to therapy in multivariate analysis, after adjusting for the confounding variables was the negative perception of side effects (p=0.02).