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The relationship between chronotype and suicidal attempt in patients with schizophreniaN. Göktürk^{1*} and P. G. Özdemir²¹PSYHIATRİK AND MENTAL HEALTH NURSİNG, VAN YÜZÜNCÜ YIL UNIVERSITY and ²PSYHIATRİK AND MENTAL HEALTH, VAN YÜZÜNCÜ YIL UNIVERSITY DURSUN ODABAŞ MEDICAL CENTER, VAN, Türkiye

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Introduction: Individuals with schizophrenia are known to be at an increased risk of suicidal behavior (Sher & Kahn, 2019). However, the relationship between chronotype, which refers to an individual's preference for sleep-wake patterns, and suicidal attempts in schizophrenia patients remains an area of interest and investigation. The relationship between chronotype and suicidal attempts in schizophrenia patients has not been extensively studied. However, research in other populations has shown that individuals with evening chronotypes, also known as "night owls," may be at a higher risk of mental health issues, including depression and suicidal ideation (Verma et al., 2016). It is plausible to hypothesize that individuals with schizophrenia who have evening chronotypes may also be at an increased risk of suicidal attempts. Further research is needed to explore this relationship and its potential implications for clinical practice. In conclusion, the relationship between chronotype and suicidal attempts in schizophrenia patients is an area that requires further investigation. Early identification and intervention are crucial in preventing further suicidal attempts in this vulnerable population. Future research should focus on exploring the relationship between chronotype and suicidal attempts in schizophrenia patients to provide a comprehensive understanding of the factors contributing to suicide risk in this population.

Objectives: This study investigates the relationship between chronotype and suicidal attempts in patients with schizophrenia.

Methods: The study was conducted cross-sectionally using quantitative research methods and using purposive sampling. The personal information form and scales used for data collection in this study, which was planned with patients hospitalized in the psychiatric ward and patients applying to the outpatient clinic, are based on self-report. The personal information form developed by the researcher by reviewing the literature, the Morningist-Evening Scale (SAM), the Suicide Probability Scale, the Suicidal Behavior Scale, the Positive Symptoms Rating Scale (SAPS) and the Negative Symptoms Rating Scale (SANS) were used as data collection tools. Participants signed an informed consent form before the interview.

Results: Data extraction is still ongoing in detailed style by principal authors. A description of the studies and the key findings will be presented.

Conclusions: Reducing the risk of suicide in patients with schizophrenia is of vital importance. Awareness of the risks related to suicide may help reduce mortality rates in schizophrenia patients as in all patients. It is thought that the study's results will be an important resource in knowing the risks related to suicide and determining the risk factors so that prevention studies can be initiated.

Disclosure of Interest: None Declared

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Insight and cognitive complaints in stabilized outpatients with schizophrenia

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Introduction: Schizophrenia is often considered as pathology of consciousness. Some authors have considered that patients' self-perception of their cognitive difficulties expressed in the form of subjective complaints could represent a source of stress. These cognitive difficulties may then interfere with the interpretation of symptoms, leading to poor insight.

Insight and cognitive complaints in stabilized outpatients with schizophrenia.

Objectives: Study the relationship between subjective cognitive complaints and clinical insight in a Tunisian population with schizophrenia.

Methods: This is a cross-sectional, descriptive and analytical study carried out on 72 stabilized patients followed at the post-cure psychiatry consultation 'A' at the CHU Hédi Chaker in Sfax diagnosed with schizophrenia according to the DSM 5 criteria.

We used the schedule for the Assessment of Insight-Expanded Version (SAI-E) scale to assess Clinical Insight and the Subjective Scale to Investigate Cognition in Schizophrenia (SSTICS) to determine subjective cognitive complaints

Results: The mean age of the patients was 46.83 ± 11.6 years, with a sex ratio (M/F) of 2. In our study, 48.5% were single and 69.4% were unemployed.

The median total SSTICS score was 25.

Using the SAI-E scale, an average score of 20.1 was objectified in our study.

In our study, the better the insight, the greater the subjective cognitive complaints were in all cognitive domains (p=0.00).

Awareness of illness was statistically associated with working memory (p=0.001), explicit memory (p=0.004), attention (p=0.001), language (p=0.01) and executive functions (p=0.001).

Conclusions: Our study highlights the relationship between awareness of illness and cognitive complaints. The clinician, faced with repetitive cognitive complaints, should assess the insight before incriminating another cause (effects of a drug, cognitive deficit, etc.).

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Self-stigma in a Tunisian population of stabilized outpatients with schizophrenia

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