

**Methods:** In the current study, we asked the service users about the priorities for ‘motivation and schizophrenia’ research and also suggested involving service users in research itself as partners. Expert Panels with peer leaders previously involved in psychosocial rehabilitation programs took place. A total of 12 Panels (group meetings) were held during the year with three users (schizophrenia spectrum outpatients) aged 45, 47, and 50, male. The reports were analysed using content analysis to generate main themes and findings (Braun & Clarke, 2006).

**Results:** The users’ elements of motivation may differ from organizationally defined ones; this may be related to different opinions and ethical standards among clinicians on patients’ autonomy and right to refuse treatment. A discussion of the topics patients have developed to improve the motivation, engagement, and management of patients with schizophrenia in psychosocial treatment and rehabilitation is presented.

**Conclusions:** The approach successfully generated items for questionnaires that users participants declared with a sense of pride in and ownership of. It is, therefore, possible to create measures of motivation that users feel reflect their understanding and experiences. The outcome of this research is that other Russian researchers will be inspired to follow the same partnership path and encourage service users to participate rather than be subjected to research.

**Disclosure of Interest:** None Declared

## EPP1041

### Prevalence of antipsychotic use and associated adverse effects in moroccan with mental health problems

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**Introduction:** Antipsychotic drugs are widely prescribed for schizophrenia and other mental disorders. They are critical in the pharmacological management of severe psychotic disorder. The adverse effects of antipsychotics are common, with a potential negative impact on adherence and engagement. Despite this, the scientific study of the prevalence of adverse antipsychotic effects is a neglected area.

**Objectives:** We aim to identify the prevalence of nine clinically important categories of antipsychotic adverse effects, namely: extrapyramidal symptoms; sedation; weight gain; type II diabetes; hyperprolactinaemia; metabolic syndrome, dyslipidaemia; sexual dysfunction; and cardiovascular effects

**Methods:** This is a prospective, observational, cross-sectional study, carried out in Ar-razi hospital in Salé evaluating side effects in patients hospitalized and treated with antipsychotics within 3 months.

**Results:** In total, antipsychotic polypharmacy was associated with increased frequency of adverse effects, and a longer duration of treatment is associated with greater severity; clozapine was more strongly associated with metabolic disturbance than other antipsychotics in three studies and olanzapine was associated with the most weight gain in three studies; hyperprolactinemia was more common in women than men, but more men noted sexual dysfunction than women;

**Conclusions:** Antipsychotic adverse effects are diverse and frequently experienced, but are not often systematically assessed. There is a need for further scientific study concerning the management of these side effects.

**Disclosure of Interest:** None Declared

## EPP1042

### Role of transgenerational transmission of trauma in development of schizophrenia: A case report of a patient whose parents survived genocide in Srebrenica

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**Introduction:** Developmental predisposition to schizophrenia can be a consequence of early experienced traumas. Transgenerational trauma is process in which traumatic experience of one generation is passed on to the next generation.

**Objectives:** To show connection between transgenerational transmission of trauma and development of schizophrenia.

**Methods:** Psychiatric interview, psychological testing.

**Results:** Patient G.E. age 29, admitted to Psychiatry Clinic due to altered behavior, aggressiveness and presence of delusions and hallucinations. First mental problems in form of a catatonic stupor appeared 6 years ago. Patient has history of earlier abuse of psychoactive substances. A drug test performed at admission was negative. Patient was born in Srebrenica in 1993, he escaped to Tuzla with his mother in July 1995, while father survived escaping on foot. Patient is a first child from his father’s second marriage. The father’s first wife and two minor children were shot by Bosnian Serbs in early 1992. Patient was born a year and a half after death of his siblings and was named after his half-sister. Patient’s father consumed alcohol after the war and was aggressive towards children. In the last two years, patient had frequent hallucinations, he told his parents that voices were telling him to kill his mother and told his father that his children were still alive. Diagnostic processing was performed and diagnosis of schizophrenia was stated. During hospitalization, patient was treated with olanzapine and low doses of haloperidol, along with haloperidol decanoate, which resulted in significant reduction of productive psychotic symptoms. A partial remission is achieved, negative schizophrenic symptoms and cognitive impairments verified by psychological instruments remain.

**Conclusions:** Case report emphasize transgenerational transmission of trauma: father’s untreated trauma, alcohol dependency and abuse of the patient in childhood. These findings are important for treatment and therapeutic considerations. Mentalizing is a possible mediator between childhood abuse and negative symptoms. Parental bonding was explored within high expressed emotions theory as a risk factor for relapse to psychosis, especially the “affectionless control” in the parental (mainly father’s) bonding style. Studies also stated that psychotic patients often show insecure attachment representations. Possible pathway for further analysis could be discussed: a cold parental bonding style leading to experienced