

**Conclusions:** For a traditionally difficult-to-engage population, adherence to multidisciplinary clinic appointments was relatively high. Loss to follow-up was lower than would have been expected.

**Conflict of interest:** AGR has received honoraria, registration for congresses and/or travel costs from Janssen, Lundbeck-Otsuka and Angelini.

**Keywords:** Delusional disorder; psychosis; Therapy; adherence

## EPP1158

### Eye-movements deficits in schizophrenia: A metanalysis of evidence

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**Introduction:** Although eye-movement disorders are one of the most replicated deficits in the psychiatric literature, the strong heterogeneity of results is still an unexplained issue that could be effectively addressed with a quantitative review of evidence.

**Objectives:** For this reason, a large-scale meta-analytic study comprising more than 200 studies was conducted to analyse the presence of eye-movement deficits in schizophrenia patients, as compared to healthy controls.

**Methods:** To this aim, saccadic eye movements were grouped based on the type of task required (e.g., standard, predictive) and the quantification method used (e.g., number, duration, amplitude). For each sub-group separate meta-analysis was computed. Cohen's d was used as measure of effect size. Risk of bias within and between studies and heterogeneity were also analysed.

**Results:** indicated low Cohen's d with the exception of the number of correct antisaccades – where schizophrenia patients reported less correct anti-saccades than healthy controls - and antisaccades error rate – where schizophrenia patients reported a higher number of errors than healthy controls.

**Conclusions:** Antisaccades emerged as better suited to differentiate between patients and healthy controls, thus making them the most promising candidate as a possible biomarker for schizophrenia.

**Keywords:** Eye-movements; schizophrénia; Antisaccadic error; biomarker for schizophrenia

## EPP1159

### Depression and quality of life in schizophrenia-spectrum

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**Introduction:** The coming out of depressive disorders seems to be associated with severity of schizophrenia's disease and with poor quality of life (QoL).

**Objectives:** The aim of our study was to assess the relationship between depression and QoL in patients with schizophrenia.

**Methods:** This is a cross-sectional and analytical study including stabilized patients with schizophrenia or schizoaffective disorder followed up in the outpatient psychiatry department at Hedi Chaker hospital university of Sfax (Tunisia), between August and October 2019. We used the Calgary Depression Scale (CDS) to evaluate depression and the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-SF) to assess QoL.

**Results:** We recruited 37 patients with a mean age of 49.14 years and a sex ratio of 4.66. Seventy-three (73%) of patients were followed for schizophrenia and 27% for schizoaffective disorder. They were married in 43.2% and 35.1% of patients had a regular work. According to CDS, 18.9% of patients had depression with a mean score of 2.27 (SD 2). QLESQSF mean score was 65.51. Depression was negatively correlated with Quality of Life Enjoyment and Satisfaction ( $r=-0.59$ ,  $p<0.001$ ). We did not find a significant difference in depression according to the socio-demographic characteristics of the respondents or the clinical features of the disease.

**Conclusions:** It is clear that depression in patients with schizophrenia is associated with significant functional disability. Strategies to overcome the burden of depression may instil hope for functional recovery.

**Keywords:** schizophrénia; Depression; quality of life

## EPP1160

### Internalized stigma, depression and quality of life in schizophrenia

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**Introduction:** People with a schizophrenia experience higher levels of stigma.

**Objectives:** Our aim was to explore the relationship between internalized stigma, depression and quality of life (QoL) in these patients.

**Methods:** This is a cross-sectional and analytical study including 37 stabilized patients with schizophrenia or schizoaffective disorder followed up in the outpatient psychiatry department at Hedi Chaker hospital university of Sfax, between August and October 2019. The Internalized Stigma of Mental Illness scale (ISMI-29) was used to assess internalized stigma and its five dimensions. We used the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-SF) to assess QoL and the Calgary Depression Scale (CDS) to evaluate depression.

**Results:** 73% of these patients were followed for schizophrenia and 27% for schizoaffective disorder. The global mean score of ISMI was 71.95. The mean scores of alienation, stereotype endorsement, perceived discrimination, social withdrawal and stigma resistance were 15.16, 16.54, 12.95, 15.65 and 11.38, respectively. The Q-LES-Q-SF mean score was 65.51. According to CDS, 18.9% of patients had depression with a mean score of 2.27. Internalized stigma scores (global and the five dimensions scores) were significantly and negatively associated with QoL enjoyment satisfaction score (respective  $p: p<0.001; p<0.001; p=0.004; p<0.001; p<0.001; p<0.001; p<0.001$ ). Global ISMI score and the four first dimensions scores were

positively associated with depressive patients (respective  $p=0.002$ ,  $p<0.001$ ,  $p=0.025$ ,  $p=0.001$  and  $p=0.003$ ) while stigma resistance was negatively correlated with depression ( $p<0.001$ ).

**Conclusions:** Our results confirmed that internalized stigma is associated with impaired QoL and depression in stabilized patients with schizophrenia-spectrum diagnosis.

**Keywords:** internal stigma; schizophrenia; Depression; quality of life

## EPP1161

### Mothers with schizophrenia: Treatment, quality of life and motherhood experience

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**Introduction:** Schizophrenia is a chronic disease that deteriorates the functionality of patients, especially when forming a family and taking care of children. We are interested in analyzing the characteristics of mothers with schizophrenia and their degree of global activity when going from oral treatments to injectable treatments.

**Objectives:** 1 To assess the quality of life and functional level of mothers with schizophrenia receiving paliperidone treatment. 2. Compare quality of life and functional level when going from oral treatment to long-term injectables.

**Methods:** Sample: Mothers, 37-45 years old, diagnosed with schizophrenia in monotherapy with oral paliperidone who started treatment with Paliperidone Palmitate LD IM (200 - 300 mg / month). Retrospective data collection. QLS quality of life scale.

**Results:** 5 patients were included, caregivers of 1 child (80%), 2 children (20%) who met the inclusion criteria and completed the questionnaires. After its application and correction through non-parametric tests ( $N<30$ ). During oral treatment, scores were observed in the QLS questionnaire of: mean intrapsychic functions 34.2, mean interpersonal relationships 19, mean instrumental role 8, mean daily activities 8. After 12 weeks of treatment with Paliperidone Palmitate IM, scores were obtained: functions Medium intrapsychic 36, medium interpersonal relationships 23, medium instrumental role 15, medium daily activities 11. A better functioning of the patients was observed in the instrumental and daily activities categories.

**Conclusions:** In our experience, injectable long-acting Paliperidone Palmitate is associated with the perception of better quality of life in mothers with schizophrenia and increases the ease of administration as well as planning in their daily life.

**Keywords:** Schizophrenia; mother; paliperidone palmitate; quality of life.

## EPP1162

### Sexual dysfunction in adolescents with antipsychotics. evaluation and suitability of the treatment.

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**Introduction:** Problems in sexual function associated with psychotropic drugs in adolescents with psychotic disorders are common in clinical practice. However, they are usually not taken into account in follow-up and are rarely reported by patients.

**Objectives:** 1. To analyze if there is sexual dysfunction in adolescents with antipsychotic treatment. 2. To assess the degree of sexual dysfunction.

**Methods:** Descriptive study in psychiatric outpatient clinics involving 14 men (aged 16 to 19) with antipsychotic treatment. Record prospectively through interviews between 2 and 4 months from the start of treatment. Sexual function was evaluated with the questionnaire SALSEX Informed consent.

**Results:** Initially, no sexual dysfunction scores are obtained. At 4 months, records of sexual dysfunction were observed in 67% of the patients with less impact in those with aripiprazole as antipsychotic treatment, with a moderate intensity (mean score 8.2; SD 4.7). 33% of cases report the problem spontaneously. Breaking down the reasons for sexual dysfunction: 50% decrease in libido, 20% delay in ejaculation and 7% impotence. The global tolerance to sexual dysfunction was poor, 45% with ideas to abandon treatment.

**Conclusions:** In our experience, sexual dysfunction is one of the main causes that make young patients abandon treatment and even follow-up. For what we consider, it is very relevant to systematically evaluate and be able to quantify this vital aspect of our patients, which on many occasions is not addressed in the consultation. Likewise, it will be necessary in future studies to describe in detail the psychotropic drugs associated with sexual dysfunction for better management and dose adjustment.

**Keywords:** ADOLESCENTS; ANTIPSYCHOTICS; SEXUAL DYSFUNCTION; ARIPIPRAZOLE

## EPP1163

### The universe of brief psychosis

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**Introduction:** Nowadays, 'Acute and transient psychotic disorders' in ICD-10 and 'Brief psychotic disorders' in DSM-5 are both classifications of the same clinical entity. Over the years, several concepts have been formulated to define the same syndrome.

**Objectives:** To explore the historical evolution of brief psychotic disorders and relate them to current nosologies.

**Methods:** Literature review, using the most relevant papers, with the keywords "brief psychosis", "bouffée délirante", "cycloid psychosis", "psychogenic psychosis", "atypical psychosis" and "holodysphrenia".

**Results:** Initially, in 1896, Kahlbaum coined the term 'dysphrenia', a group of severe form of psychosis that remitted without showing the typical sequence of disease states and without leaving a lasting alteration. Later, Kraepelin included this kind of disorder in manic depressive illness, which he first named as 'periodic delirium' and then as 'delirious mania'. Magnan, in the pre-Kraepelinian era, created the term 'bouffée délirante', a sudden onset of delusional ideas with rapid evolution and intense symptomatology with complete remission usually followed after a short time. Later on, Henry Ey grabbed this entity and renewed it, contrasting it to the defined concept of schizophrenia. Other psychiatric schools have proposed numerous designations: 'cycloid psychosis' by Kleist from the