4% disagreed. The bulk of the respondents (93.5%) strongly agreed or agreed that they felt safer having their injection every 3 months during the Covid-19 pandemic. 6.5% neither agreed nor disagreed but no one disagreed with this statement.
Questions on whether patients experienced any advantages or disadvantages as a result of the switch allowed for multiple answers. Convenience (93.5%), was the most popular positive reply, followed by improved quality of life (59%), decreased stigma (39%), better adherence (28%) and improved tolerability (21.7%). While 6.5% did not experience any advantages, 93.5% did not encounter any disadvantages, with 4.3% reporting worsening or new side effects and 2.2% a relapse of symptoms.
Conclusions: The overall experience of switching to PP3M was positive. Similar to two previous studies (Pungor *et al.* BMC Psychiatry. 2021; 21, 300; Rise *et al.* Nord. J. Psychiatry 2021;75(4): 257-265) the majority of patients favoured the change quoting convenience, quality of life and reduced stigma as potential benefits. The importance of enhanced safety with less frequent medication administration under pandemic conditions was also highlighted. Shared and supported decision making should further inform clinical practice (Pappa *et al.* Community Ment Health J. 2021;57 (8):1566–1578).

Disclosure of Interest: None Declared

EPP0760

Self-assessment of auditory verbal hallucinations in schizophrenia; validation of a digital device

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doi: 10.1192/j.eurpsy.2023.1047

Introduction: Auditory verbal hallucinations (AVH) are experienced by approximately 70% of patients with schizophrenia. At the present time, there are no self-evaluation scales for auditory verbal hallucinations. They would allow the patient to self-assess their hallucinations when they occur, taking into account the great variability over time. Moreover, self-assessment allows the patients to better recognize their symptoms and to be more engaged in their treatment. In this context, we have developed a digital device (MIMO) allowing the patient to self-evaluate his/her AVH and to declare his/her hallucinatory crisis at any time. This device contains a self-assessment of auditory verbal hallucinations (SAVH) with 13 questions, 9 of which concern the frequency, the severity, the content and the impact of hallucinations. These 9 questions are rated on a 5-point scale ranging from 0 (absent) to 5 (severe). The patients and practitioners can have an online feedback on the scores as well as on their temporal changes.
Objectives: The aim of this study was to validate the SAVH scale as well the digital tool, to demonstrate the acceptability by the patients and to prove the feasibility in using such a digital device (mobile phone or tablet).
Methods: Forty one patients with schizophrenia or schizoaffective disorder (DSM-5) with AVH loaded this application on their own mobile or on a loaned one. AVH was also assessed with the Auditory Hallucination Rating Scale associated with the Brief Psychiatric Rating Scale and the self-assessment of insight. Moreover, a questionnaire included a visual analogic scale on the global satisfaction of the device scoring from 0 ("Not at all satisfied") to 10 ("Very satisfied") and 22 questions concerning the conditions of use, the acceptability and the content of the app, its impact on mental health, and questions related to the declaration of hallucinatory crisis. Moreover, statistical analyses were carried out testing internal, external and construct validities of the SAVH.
Results: 56.1% and 36.6% of patients found the app to be easy and very easy to use, respectively. 61% and 29.3% of the patients considered that the questions were respectively rather adapted and very adapted to the evaluation of auditory hallucinations. 46.3% of patients found the questions quite easy to understand. The majority of patients felt that the MIMO app could be useful to them. Overall satisfaction was 8.073+-3.8 indicating very good overall patient satisfaction of the app. Statistical tests revealed significant convergence and divergence validities as well as good internal consistency of the SAVH.
Conclusions: This study demonstrated good psychometric properties of the SAVH and very good acceptability of this kind of assessment by digital device in patients with schizophrenia. Such a device can be quite useful to assess the efficacy of the treatment of AVH and to increase the patient's empowerment.

Disclosure of Interest: None Declared

EPP0761

General intelligence in adult patients with early- and adult-onset schizophrenia

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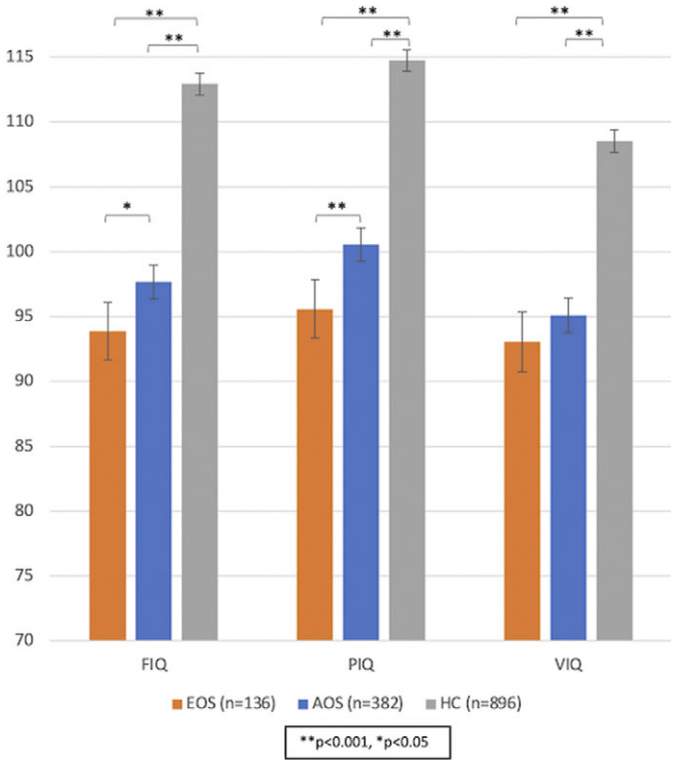
doi: 10.1192/j.eurpsy.2023.1048

Introduction: Early-onset schizophrenia (EOS) is a relatively uncommon disorder with psychotic symptoms emerging before 18 years of age. Although still under debate, EOS may be a more severe disorder relative to adult-onset schizophrenia (AOS), with worse prognosis. Cognitive deficits are a core feature of schizophrenia, accounting for a large part of the detrimental effect of the

disorder and may reflect underlying neurodevelopmental disturbances. Some but not all previous studies show that the magnitude of cognitive deficits, including intelligence quotient (IQ), in patients with schizophrenia is dependent on the age of onset.
Objectives: We aimed to assess IQ in adult patients with EOS and AOS, and healthy controls. We hypothesized that patients with EOS would show lower IQ than those with AOS, and both patient groups lower IQ than HC.
Methods: We included 136 adult patients with EOS (mean age: 24.7 (7.7) years, mean duration of illness: 9.3 (8.5) years, 50% women), 382 patients with AOS (mean age: 32.4 (9.5) years, mean duration of illness: 5.7 (6.6) years, 40.1% women) and 896 adult healthy controls (mean age: 33.2 (9.2) years, 47.1% women). We assessed current IQ with the Wechsler Abbreviated Scale of Intelligence (WASI) which yielded verbal (VIQ), performance (PIQ) and full-scale IQ (FIQ) scores. In a post-hoc analysis, we estimated premorbid IQ using the National Adult Reading Test (NART). We applied analyses of covariance (ANCOVAs) to investigate the putative differences in IQ scores and IQ change between patients with EOS, patients with AOS and healthy controls.
Results: In sex-, and age-adjusted models, FIQ and PIQ, but not VIQ, were significantly lower in EOS than in AOS ($p=0.03$, $p<0.001$ and $p=0.428$, respectively) (Image). Patients with EOS had fewer years of education than patients with AOS ($p<0.001$); the PIQ but not the FIQ difference between EOS and AOS remained significant after adjustment for education years ($p=0.016$ and $p=0.333$, respectively). Both patient groups had significantly lower IQ scores than healthy controls (Image). Further, patients with EOS and patients with AOS did not significantly differ in estimated premorbid IQ (109 and 110 units, respectively, $p=0.092$), whereas patients with EOS had a significantly larger estimated IQ decline after the disease onset compared to patients with AOS (12 and 9 units decline, respectively, $p=0.015$).
Image:



Conclusions: Our findings show that adult patients with EOS have significantly lower PIQ and FIQ scores, and significantly larger IQ decline after the disease onset, but not lower premorbid IQ, compared to patients with AOS. The adolescent onset of psychotic symptoms is linked, as expected, to fewer total years of education, which appears to explain the lower FIQ but only partially the lower PIQ in EOS, which may thereby be linked to the disorder per se.

Disclosure of Interest: T. Calkova: None Declared, L. Mørch-Johnsen: None Declared, R. Elle Smelror: None Declared, K. Nordbø Jørgensen: None Declared, S. Cervenka: None Declared, K. Collste: None Declared, A. Vaskinn: None Declared, A. Margrethe Myhre: None Declared, O. A. Andreassen Consultant of: HealthLytix, Speakers bureau of: Lundbeck and Sunovion, T. Ueland: None Declared, I. Agartz: None Declared, D. Andreou: None Declared

EPP0762

The effect of wearable technology on psychomotor agitation in patients with diagnostic patients with schizophrenia expansion and psychosis

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doi: 10.1192/j.eurpsy.2023.1049

Introduction: Due to the exacerbation of psychotic processes in acute psychiatric services, patients may exhibit risky behaviors for themselves and others. Especially, psycho-motor agitation seen in schizophrenia may result in some harmful behaviors towards him/her self or other individuals in patient. Physical restrain, or chemical restrain with psychotropic drugs can be used for ensuring the safety of the patient with a tendency toward violent behavior and to prevent harm to himself and others. These restrain methods are usually applied when they showed aggressive or violent behaviors, that is after the observed warning signs or real violent behaviors.There is no system that can evaluate and notice agitation or tendency of violence before the obvious behaviors. By using a wearable sensor system to be able to measure some biological change and to evaluate of the sensors' ability to obtain quantitative and objective data may help the health professionals to prevent the damage in advance.
Objectives: The aim of this pilot study was to evaluate the changes in measurements of the four wearable sensors which applied to persons with schizophrenia.
Methods: Ten patients who restrained in the observation room, selected for this pilot study. On the first day (13:00), which meets the criteria for inclusion in the study and the end of the insulation process (the COVID test result is negative), the first measurement was before the noon treatment. The patients' second measurements were taken on the day they switched from parenteral to oral treatment. For measurement, the sensor circuits developed at the Physiological Analysis and Wearable Systems Research Laboratory of Koç University were connected to various parts of the body to collect the non-invasive data detailed below. In addition, including the clinical status of the patient in the experimentation process, and