

cognitive impairment. Information was collected from patients and from their medical records using a pre-established questionnaire. The scale of social autonomy (EAS) of Legay with 17 items grouped into 5 dimensions was used for the evaluation.

Results: The general characteristics of the 360 schizophrenic patients who met the inclusion criteria, revealed an average age of 40.2 years, a sex ratio of 2.33, a majority of single (55.8%), a low level of education (66.7%), an absence of professional activity (67.3%) and a deteriorated socioeconomic level (68.6%). Clinical Characteristics noted an average onset age of the disorder of 26 years, an average duration of evolution of 14 years and a preponderance of the residual type and of the episodic evolutionary course with residual symptoms between episodes respectively in 40.6 and 76.4%. The average of EAS scores were 39.08. Three quarters of the population (75.7%) had a score below 59. 24.3% of patients had scores between 60 and 108 signifying impaired social autonomy.

Conclusions: The evaluation of effective social autonomy is essential for any therapeutic project considering psychosocial integration and rehabilitation of schizophrenic patients.

Disclosure of Interest: None Declared

EPV0996

Schizophrenia and hetero-aggressiveness: Management and aggravating factors

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Introduction: Schizophrenia is a severe mental illness but especially important in terms of its impact on the subject. The stigmatization of these patients is major, leading to a significant decrease in their quality of life. This is partly due to the media coverage of the rare cases of hetero-aggression.

The aggressiveness of schizophrenic subjects remains poorly known and little studied.

Objectives: The objectives of our study are to determine whether the prescription of second-generation antipsychotics is associated with lower levels of aggression than the prescription of first-generation antipsychotics and to identify aggravating factors.

Methods: Materials and methods: We used an anonymous questionnaire based on, in addition to individual status and conditions, a self-administered questionnaire to assess the degree of aggression (the Buss and Perry Aggression Questionnaire (BPAQ)).

Results: Our study demonstrated superiority of second-generation antipsychotics in preventing aggression in subjects with schizophrenia, as well as an association between increased aggression and low insight, low compliance and low social support. In addition, younger age, male gender, and lower education were associated with increased aggression.

Conclusions: The prevention of aggression would then begin with the management of psychotic symptoms and comorbid disorders, as well as work on the compliance and insight of these patients. However, the aggressive dimension persists in some of them.

Disclosure of Interest: None Declared

EPV0997

Catatonia: Development of a neuropsychiatric entanglement through a clinical case

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Introduction: Catatonia is a transnosographic and potentially fatal syndrome, most often associated with mood disorders or schizophrenia, but can also develop in autistic disorders, dementia, as well as in general medical conditions such as epilepsy, autoimmune encephalitis, hypercalcemia, hepatic encephalopathy, or diabetic ketoacidosis.

Objectives: the objective is to understand the semiology and treatment of catatonic syndrome in a clinical case

Methods: Clinical case

Results: The work we present is based on a clinical case of a patient with schizophrenia presenting a catatonic syndrome, of which a neurological cause was first evoked but after clinical investigations the diagnosis of schizophrenia was retained and currently the patient is stabilized on Clozapine. It is imperative to recognize a catatonic syndrome in order to treat it quickly, as some of the etiologies that cause this syndrome and the consequences of the syndrome itself can be life-threatening.

Conclusions: Catatonia remains a subject of research for centuries, the diagnosis is clinical, based on a set of criteria grouped in the DSM5, its etiologies are psychiatric and organic including neurological. Rapid diagnostic and therapeutic management is essential to avoid life-threatening complications.

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EPV0998

Moroccan suicidal schizophrenics: Case study in arrazi hospital of sale

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Introduction: Schizophrenia is a severe, common, chronic mental disorder with a prolonged and disabling course, having a high social impact.

Mortality is two to three times higher in schizophrenic patients than in the general population.

Suicide is the main cause of death in patients with schizophrenia. In spite of great efforts in preventing such deaths, suicide rates have remained alarmingly high, highlighting the need for a better understanding of the phenomenon.

Objectives: The objective of this work is to determine the prevalence of suicide in schizophrenic patients, to investigate the main risk factors in these patients and the characteristics of suicide and the therapeutic management of the patients.