EW0823 Negative aspects of self-stigma in patients with schizophrenia spectrum disorders

K. Vrbova 1,*, J. Prasko 1, M. Ociskova 1, M. Holubova 2, D. Kamaradova 1, M. Marackova 1, A. Grambal 1, M. Slepecky 3, K. Latalova 4

1 Faculty of Medicine and Dentistry, Palacky University and University Hospital Olomouc, Department of Psychiatry, Olomouc, Czech Republic
2 Faculty of Medicine and Dentistry, Palacky University and University Hospital Olomouc, Hospital Liberec, Department of Psychiatry, Olomouc, Liberec, Czech Republic
3 Faculty of Social Science and Health Care, Constantine the Philosopher University in Nitra, Department of Psychology Sciences, Nitra, Slovak Republic
4 * Corresponding author.

Introduction Most individuals diagnosed with schizophrenia must cope with some form of stigmatization. Different types of public stigma, self-stigma and label avoidance, may have negative consequences for these individuals.

Objectives The aim of the study was to search the degree of self-stigma in schizophrenia and its association with the clinical and demographic factors.

Methods One hundred and ninety-seven stabilized outpatients diagnosed with schizophrenia spectrum disorders participated in the study. The mean age of the sample was 40 years. All individuals completed the Internalized Stigma of Mental Illness Scale (ISMI) and a demographic questionnaire. The disorder severity was assessed both by a psychiatrist (objCGI-S: the objective version of Clinical Global Impression – Severity scale) and by the patients (subjCGI-S: the subjective version of Clinical Global Impression – Severity scale).

Results The total score of the ISMI positively correlated with the severity of the disorder measured by the objCGI-S and the subjCGI-S. Additionally, the self-stigma positively correlated with the treatment duration, and the number of hospitalizations. The regression analysis identified these regressors as the most relevant to the self-stigma – the number of hospitalizations, the severity of the disorder rated by a psychiatrist, and the difference between the objective rating and the subjective rating of the severity of the disorder.

Conclusions Outpatients with psychosis, who have undergone a higher number of hospitalizations, dispose of a higher severity of the disorder and show a bigger discrepancy between their rating of the severity and the psychiatric rating, display a greater degree of self-stigma.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.436

EW0824 Therapy initiation during a first acute episode psychosis in the psychiatric department of Mahdia

B. Walid *, I. Marrag, R. Ben Soussia, F. Ellouze, M. Nasr

Hospital, Psychiatry, Mahdia, Tunisia

* Corresponding author.

Introduction The quality of the therapeutic care during a first episode psychosis (FEP) determines the middle- and long-term prognosis.

Objectives The aim of our study is to describe the therapeutic attitudes in front of a FEP and discuss them according to current international recommendations.

Methods This is a retrospective descriptive study. All patients with a FEP, hospitalized in the psychiatric department of the university hospital, Mahdia during the period from 15 May 2000 to 31 December 2013 have been included.

Results We recruited 111 patients. The average age was 27 years, a male predominance was noted. Initially, the majority of patients were treated in monotherapy (55.9%) and mostly with typical antipsychotic drugs (80.2%), by injection. Among those under association, 63.4% received corrective treatment and 26.8% a benzodiazepine. The prescription of a mood stabilizer and an antidepressant was noted in respectively 5.6 and 2.8% of cases. The majority of patients received typical antipsychotic drugs (53.1%) while 39.6% were under atypical antipsychotic. The follow-up period, after which a reduction of the antipsychotic dose was decided, ranged from 1 to 66 months with an average of 8.26.

Conclusion The progression to a chronic psychosis, still has a severe connotation. The Early and adequate therapeutic care in accordance with the international recommendations, determines the prognosis and constitute a decisive moment in the evolutionary trajectory of the disease.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.438

EW0825 Effectiveness of health checks to improve the physical health of people with severe mental illness in secondary care: A single blind cluster randomized controlled trial


1 University of Hull, Faculty of Health and Social Care, Hull, United Kingdom
2 James Paget University Hospitals NHS Foundation Trust, Research and Development, Great Yarmouth, United Kingdom
3 University of East Anglia, Norwich Medical School, Norwich, United Kingdom
4 University of East Anglia, Clinical Trials Unit, Norwich, United Kingdom
5 University of East Anglia, School of Psychology, Norwich, United Kingdom
6 University of East Anglia, Clinical Trial Unit, Norwich, United Kingdom
7 Norfolk and Suffolk NHS Foundation Trust, Research and Development, Norwich, United Kingdom

Disclosure of interest The authors have not supplied their declaration of competing interest.
Brainstem audiometry as a diagnostic tool in psychiatry: Preliminary results from a blinded study

V. Wahlström 1, R. Wynn 2,3,*, L. Zouari 4, N. Smaoui 4, I. Abida 4, N. Charfi 4

1 Balsfjord General Practitioner’s Office, Balsfjord, Norway
2 UiT The Arctic University of Norway, Department of Clinical Medicine, Tromsø, Norway
3 University Hospital of North Norway, Division of Psychiatry and Substance Abuse, Tromsø, Norway
* Corresponding author.

Background Some prior studies of brainstem audiometry have found illness-specific aberrations, suggesting that this procedure can be of use to clinicians in diagnosing certain psychiatric illnesses.

Aims The study aimed to examine the diagnostic properties of a brain stem audiometry procedure (SD-BERA®) for patients suffering from schizophrenia and bipolar disorder.

Methods A blinded study including 12 patients with schizophrenia, 12 patients with bipolar disorder, and 12 healthy controls was performed in 2014/2015. The patients were recruited from psychiatric specialist services and a primary care office in the County of Troms, Norway. The patients and controls were examined with brainstem audiometry. The clinical diagnoses were not known to the researchers who analysed the brain stem audiometry data at the Swedish company Sensodetect. Sensitivity and specificity for each group (compared to healthy controls) was calculated.

Results The brain stem audiometry procedure had a high degree of sensitivity (1.00), but a lower degree of specificity (0.45) when patients suffering from bipolar disorder were compared to healthy controls. For the diagnosis of schizophrenia, the brain stem audiometry procedure had a high degree of specificity (0.91), but a lower degree of sensitivity (0.33) when patients were compared to healthy controls.

Conclusions This method may help clinicians by lending support to a clinically suspected diagnosis of schizophrenia. The relatively low specificity for bipolar disorder could suggest that the method needs further development before it can be useful clinically when the diagnosis of bipolar disorder is suspected. Further scientific testing is needed to verify these findings.

Disclosure of interest The authors have not supplied their declaration of competing interest.

http://dx.doi.org/10.1016/j.eurpsy.2017.02.440

EW0828

Smoking and tardive dyskinesia in patients with schizophrenia

L. Zouari 1, N. Smaoui 1, I. Abida 1, N. Charfi 1, M. Maâlej 1, N. Zouari 1, J. Ben Thabet 1, M. Maâlej 2

1 Hédi Chaker University Hospital, Psychiatry, Sfax, Tunisia
2 Psychiatric Clinic Laza Lazarevic, Emergency Psychiatry Department, Belgrade, Serbia
* Corresponding author.

Introduction Tardive dyskinesia (TD) is a drug-induced movement disorder that arises with antipsychotics. These drugs are the mainstay of treatment for schizophrenia. Epidemiological studies have shown mixed results on smoking’s association with TD.