

EPV0915

Stigma and self-stigma in patients with delusional disorder: a systematic review.

A. González- Rodríguez^{1*}, A. Alvarez¹, E. Román¹, A. Guàrdia¹, M. Natividad¹, M. Alberto Marcus¹, E. Calvo¹, J. Labad² and J. A. Monreal³

¹Mental Health, Mutua Terrassa University Hospital. University of Barcelona (UB). CIBERSAM, Terrassa; ²Mental Health, Hospital of Mataró. I3PT. CIBERSAM, Mataró and ³Mental Health, Mutua Terrassa University Hospital. University of Barcelona (UB). Inst. Neurosc. UAB. CIBERSAM, Terrassa, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2214

Introduction: The association between insight, stigma and self-concept has been considered as a potential predictor of poor clinical outcomes and global functioning in psychosis. In patients with delusional disorder (DD), the effects of stigma and self-stigma have been poorly explored.

Objectives: Our main goal was to systematically review studies addressing stigma and self-stigma in DD to assess whether these phenomena have an impact on clinical symptoms.

Methods: A systematic review was conducted through PubMed and Google Scholar databases from inception to 2022 (PRISMA guidelines). Search terms: (Stigma OR self-stigma) AND ("delusional disorder" OR psychosis OR paranoia). Studies were considered eligible if they included patients with DD.

Results: A total of 875 records were retrieved, from which 18 were included.

Stigma: (1) Stigma is associated with poor quality of life, poor adherence to medications and acceptance of diagnosis. (2) Support at workplaces would improve stigma and discrimination in DD. (3) Poor interpersonal competence may increase stigma experience in DD.

Self-stigma: (1) Women show higher level of self-stigma than men. (2) Higher rates of psychiatric hospitalizations and higher severity of symptoms associated with greater degree of self-stigma. (3) Suicidal ideation was associated with negative self-schema but not self-stigma, particularly in patients with persecutory delusions. (4) Self-stigmatization negatively associated with quality of life. (5) Depressive symptoms associated with higher levels of self-stigma. (6) Promotion interventions should address self-stigma content.

Conclusions: Further longitudinal studies are needed to test the influence of stigma and self-stigma on adherence to follow-up and specific interventions to improve them.

Disclosure of Interest: None Declared

EPV0916

Effects of aripiprazole long-acting two-injection start in patients diagnosed with schizophrenia in Huelva (Spain)

A. Moleon^{1,2*}, L. Duque³ and M. Martin-Bejarano^{2,4}

¹Hospital Universitario Virgen del Rocío; ²Instituto Andaluz de Salud Cerebral, Sevilla; ³Hospital Universitario Juan Ramón Jiménez, Huelva and ⁴Hospital Universitario 12 de Octubre, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2215

Introduction: Improving outcomes in schizophrenia generally involves an improvement in drug adherence. Aripiprazole two-injection start (TIS) is the newest option of available on the market, with limited data on its effects.

Objectives: It was our goal to evaluate whether TIS has an effect on hospitalization rates, persistence and adverse events in patients with schizophrenia.

Methods: This 12-months cross-sectional study included 32 patients suffering from schizophrenia (mean age 33.6 years; 22 males). We collected sociodemographic data on all individuals, hospitalization rates, persistence, use of neuroleptic drugs as well as adverse events.

Results: Before starting TIS, the mean in terms of number of hospitalizations was 5.6, emergency department visits 8.7 and hospitalization days 12. After TIS, hospitalization rates was 22%, persistence 81%, adverse events were present in 3% of the patients and only 9% needed concomitant treatment with neuroleptic drugs.

Conclusions: The findings imply that TIS should be considered a first-line treatment choice for schizophrenic patients. It results in a decrease in the use of hospital services, which might ease the socioeconomic healthcare burden.

Disclosure of Interest: None Declared

EPV0917

Association between duration of Untreated Psychosis and severer symptoms and poorer quality of life: study in First-Episode Psychosis patients

A. C. M. Pires^{1,2*}, A. Araújo^{1,2}, S. Ramos Ferreira^{1,2}, A. Bajouco¹ and M. Bajouco^{1,2,3}

¹Psychiatry, Coimbra Hospital and University Centre; ²Institute of Psychological Medicine, Faculty of Medicine of the University of Coimbra and ³Coimbra Institute for Biomedical Imaging and Translational Research, University of Coimbra, Coimbra, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2216

Introduction: The First Episode Psychosis (FEP) Inpatient Unit is specialized in early assessment/intervention in patients with Psychotic Disorders. Duration of Untreated Psychosis/DUP has a key role in the prognosis of those patients. Longer DUP is associated with poorer treatment response and greater risk of relapse. Some studies also suggest an association between DUP and the severity of negative symptoms, but further research is needed.

Objectives: The objectives of this study were to analyze the relationship between DUP and psychotic symptoms, duration of admission, medication, and quality of life, after inpatient intervention.

Methods: This is a retrospective study of a cohort (N=25) admitted to the unit. Sociodemographic and clinical variables (number of days of hospitalization, DUP, and Defined Daily Dose/DDD of antipsychotics) were evaluated. Psychometric instruments (PANSS/Positive and Negative Syndrome Scale and WHOQOL-BREF/World Health Organization Quality Of Life) were applied at admission and at discharge. We used a Spearman correlation test to measure the degree of association between the variables.

Results: Longer DUP correlated with more days of hospitalization, higher negative PANSS scores, and poorer social relationships domain of the WHOQOL at admission ($p < 0.05$). At discharge, DUP presented positive and significant correlations with all sub-