

EV1194

Rehospitalization rate of first episode and chronic schizophrenia patients one year after discharge

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Introduction Relapse rate among patients with schizophrenia can determine outcome of illness. Up to 40% of patients with first psychosis responds well to treatment. Despite this fact relapse rate is still high, in particular if treatment is discontinued. Frequent use of first generation antipsychotics (FGA) in underdeveloped countries can be one of possible reasons for treatment discontinuation and consequent relapse.

Aims To analyse rehospitalisation rate in patients with first and multiple episodes of schizophrenia, and compare it with medication choice.

Methods Retrospective analysis of medical records of patients with schizophrenia hospitalised in Psychiatry Clinic of University Clinical Center Tuzla in period from year 2011 to 2013.

Results During the two-year period, 37 patients with first episode of schizophrenia were hospitalised. Second generation antipsychotics (SGA) were used in 40.5%, and first generation in 13.5%, long acting injectibles - first generation (LAI) were used in 8.1%, and combination of FGA's and SGA's in 5.4% of cases. In the same period, 121 patients with multiple episodes of schizophrenia were hospitalised. SGA were used in 21.4%, FGA in 33%, LAI's in 47.1%, and combination FGA's and SGA's in 35.5% of cases. Relapse rate in the first year after discharge was 16.2% in group with first psychotic episode, and 33% in the group with multiple episodes of schizophrenia.

Conclusion High relapse rate in group with multiple episodes can be explained with nonadherence regarding the side effects of too frequent use of FGA's.

Keywords Schizophrenia; Relapse rate; Adherence; Antipsychotics

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EV1195

Substance abuse in first episode psychosis: Baseline characteristics and clinical outcome

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Introduction There are high rates of substance use disorders (SUD) amongst first episode psychosis (FEP). SUD have been linked to better premorbid adjustment, more severe positive and negative symptoms at presentation and poorer symptomatic and functional outcome [1]. Moreover, shorter duration of untreated psychosis (DUP) has been described as an important predictor of outcome in FEP [2].

Aims With this study, we want to know which baseline characteristics and clinical outcomes differ between FEP patients with and without substance use.

Methods One hundred and seventy-five FEP were consecutively admitted to Hospital del Mar since January 2008 to September 2014 and entered the FEP programme of the institution. The included evaluation was socio-demographic and clinical data at baseline and 1 year follow-up. We studied differences in age, gender, DUP, GAF scores at baseline and 1 year follow-up and PANSS subscale scores at base and 1 year follow-up between substance users and non-users.

Results Cannabis: we found that users were significant younger ($P < 0.01$), had a higher proportion of males ($P < 0.01$) and a significant shorter DUP in users ($P = 0.008$).

Alcohol: we found that users were significant younger ($P < 0.009$), had a higher proportion of males ($P < 0.003$) and a significant lower PANNS negative scores at baseline ($P = 0.01$) and 1 year follow-up ($P = 0.03$).

Conclusions In our sample of first episode psychosis, cannabis and alcohol use is linked with a younger age and a high proportion of males. Moreover, it seems that cannabis use could be associated with a shorter DUP.

References not available.

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EV1196

Factors associated with schizophrenic evolution after a first episode psychosis

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Introduction The evolution of a first episode psychosis is a fundamental question, despite its unpredictability. It affects the type of management and drug treatment. In this context, schizophrenia, a disabling psychiatric disease, remains the most formidable evolution.

Objective Assess the frequency and factors associated with schizophrenic evolution after a first episode psychosis.

Methods We conducted a retrospective, descriptive and analytic study including 55 patients hospitalized in psychiatry department, Hédi Chaker Hospital, Sfax, Tunisia, during 7 years (from 2007 to 2013), then managed in the outpatient department. We collected socio-demographic, clinical and evolutive data from clinical observations.

Results The mean age was 26.5 years. Sex ratio (M/F) was 2.9. Among our patients, 74.5% were single and 49.1% had no profession. A trigger factor of this episode was noted in 43.6% and a break with the previous functioning in 63.6% of cases. A schizoid personality was reported in 74.5% of the population. All patients presented positive symptoms, 96.4% had negative symptoms and 61.8% presented mood symptoms.

Schizophrenic evolution was reported in 38.2% of patients. Factors associated with this evolution were: masculine gender ($P = 0.004$), social isolation ($P = 0.009$); absence of mood symptoms ($P < 0.001$) and mental automatism ($P = 0.043$).

Conclusion Our study shows some factors associated with schizophrenic evolution after a first episode psychosis. The identification of these factors, as well as other factors reported in the literature is essential to allow early and adequate support, and ensure a better social integration.

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EV1197

The aetiology of schizophrenia as outlined in a treatment-resistant case

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Introduction The development of treatment-resistant schizophrenia in a 16-year-old Maltese girl was analyzed in terms of its biopsychosocial model of disease.

Objectives To highlight the presentation of treatment-resistant schizophrenia.

To investigate the etiology of treatment-resistant schizophrenia.

Aims To utilize the biopsychosocial model of disease in order to investigate the aetiology of treatment-resistant schizophrenia.

To highlight the treatment modalities utilized in this case of treatment-resistant schizophrenia.

Methods Interviewing the patient.

Analyzing all investigations and documentation made during her admission in an acute psychiatric hospital.

Evaluating the response to various treatment modalities.

Carrying out literature reviews.

Results Image attached.

Conclusions Although the aetiology of treatment-resistant schizophrenia remains somewhat unclear even after many years of study, the biopsychosocial model is nevertheless useful in understanding the development of this condition. The treatment modalities to which the patient was resistant were also identified. Figure not available.

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Sexual disorders

EV1201

A journey across perversions history – from Middle Age to DSM

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Introduction Psychiatry's viewpoint of sexual deviance has wavered between the normal and the pathological. "Normal" is not determined by nature but by the values of a specific society.

Aims To review the main landmarks in paraphilias history and the importance of social and cultural dimensions to it.

Methods PubMed database was searched using the keywords perversion, sexual deviance, paraphilia, culture and society.

Results Throughout Middle Age and Renaissance any sexual act that differed from the natural/divine law was considered a vice. Unnatural vices (masturbation, sodomy, bestiality) were the most severely punished, as they could not result in conception. In 1886, Krafft-Ebing stated perversions were functional diseases of the sexual instinct caused by "hereditary taintedness" in the family pedigree and worsened by excessive masturbation. Proper perversions were sadism, masochism, antipathic sexuality (homosexuality, transvestism, transsexuality) and fetishism. Later, Havelock Ellis and Hirschfeld claimed sexual interest in the population followed a statistical norm, opposed the idea that masturbation led to diseases and demanded the decriminalization of homosexuality. Freud believed the "perverse disposition" to be universal in the childhood giving rise to healthy and pathological adult behaviors. In 1950's, Albert Kinsey surprised America when he proved many supposedly deviant sexual practices were quite common. The first *Diagnostic and Statistical Manual* (1952) was mainly psychoanalytic. Later, by 1973, homosexuality was removed from classifications. Recently, DSM-5 distinguishes between paraphilias and paraphilic disorders.

Conclusion A progress in the paraphilic instincts' acceptance has occurred. We hypothesize, in the future, paraphilias will follow homosexuality out of the diseases' classifications.

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EV1202

Socio-demographic features of gender dysphoria in a Sardinian adult population

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Gender dysphoria (GD) is a rare entity in psychiatry; there are a lot of studies about its clinical aspects, but only few investigations considering the socio-demographic characteristics of these patients, especially concerning Italian population.

The aim of this study is to evaluate socio-demographic characteristics of GD individuals seeking assistance for gender transition and to assess possible differences between MtFs and FtMs.

A consecutive series of 25 patients (56% MtF and 44% FtM), from 17 to 49 years old (mean age: 29.6 ± 9.52), were evaluated for gender dysphoria from June 2011 to May 2015. All subjects met the criteria for gender identity disorder (GID), based on DSM-IV-TR.

The results have shown that FtMs refer for psychiatric help in younger age than MtFs (21–25 years vs. 36–50 years, $P = .038$); most of the patients are unemployed (48%; $P = .014$) and live with their parents (68%; $P = .001$), without statistically significant gender differences. Regarding sexual orientation, 84% of the sample report to feel attracted by individuals of the same-genotypic sex ($P < .001$); 81.8% of FtMs have a stable relationship instead of 21.4% of MtFs ($P = .007$). Moreover, a significant statistical difference was found between the two groups in the "real-life experience"; all FtMs live as males, while only 50% of MtFs show themselves as females in the daily life and activities ($P = .008$).

This is a preliminary study comparing the socio-demographic features of a MtF and FtM GD population in Sardinia. Although the limitation of a small sample, our results do not differ from the literature data; in particular, FtMs display significantly better global functioning and less problems in social integration.

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EV1204

Challenges faced by gender-variant people in receiving appropriate care and ways to improve their care and lives – A UK study

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Introduction It is only in the last decade that trans people have been accorded rights and give protection in law from discrimination. A survey of 10,000 people undertaken by the Equality and Human Right Commission showed that 1% of the population was gender-variant to some extent. Gender-variant people continue to