Introduction: The internalized stigma associated with mental illness is considered as an additional burden faced by people with mental disease. Among mental illnesses, schizophrenia is considered as the most stigmatizing.

Objectives: To Assess the level of stigma in a sample of people with schizophrenia

Methods: This is a cross-sectional and descriptive study carried out on 72 stabilized patients followed at the post-cure psychiatry consultation 'A' at the CHU Hedi Chaker in Sfax diagnosed with schizophrenia according to the DSM 5 criteria. Socio-demographic and clinical data were collected using a pre-established sheet

We used The Internalized Stigma of Mental Illness (ISMI) scale to assess internalized stigma

Results: The mean age of the patients in our study was 46.83 ± 11.6 years, with a sex ratio (M/F) of 2.

They were single in 48.5%, unemployed in 69.4%. Their level of education did not exceed primary school in 44.4% and their socio-economic level was low in 63.9%. 2% of the patients had no somatic history and 36.1% had a history of attempted suicide.

The median for the total ISMI score was 2.45, which corresponded to the absence of strong stigma. The median of the subscales was distributed as follows: 2 for the level of alienation, 2.28 for stereotype endorsement, 2.4 discrimination experience, 2.36 for social withdrawal and 2.60 for stigma resistance.

In our study, 45.8% of patients reported experiencing high levels of self-stigma (total score>2,5).

Conclusions: Our study found levels of self-stigma in individuals with schizophrenia that align with previous research, suggesting that schizophrenia-related stigma is a global phenomenon unaffected by factors such as origin or ethnicity.

Disclosure of Interest: None Declared

EPV0989

Insight evaluation in a Tunisian stabilized outpatients with schizophrenia

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doi: 10.1192/j.eurpsy.2024.1576

Introduction: Schizophrenia is a chronic condition that leads to major socio-professional disintegration and personal suffering. In addition to the classic clinical symptoms, these patients also suffer from poor insight.

Objectives: To asess insight in a population followed up for schizophrenia

Methods: We conducted a cross-sectional and descriptive which concerned the patients followed in the unit of outpatient post-cure consultations of psychiatry 'A' at the CHU Hedi Chaker of Sfax. We included 72 stabilized patients diagnosed with schizophrenia according to the DSM criteria 5. For the collection of sociodemographic and clinical data, we used a pre-established sheet. We used the schedule for the Assessment of Insight–Expanded Version(SAI-E) scale to assess clinical insight

Results: The mean age of the patients in our study was 46.83 ± 11.6 years, with a sex ratio (M/F) of 2.

They were single in 48.5%, and unemployed in 69.4%. Their level of education did not exceed primary school at 44.4% and their socio-economic level was low at 63.9%.

In our study, 72.2% of patients had no somatic history and 36.1% had a history of attempted suicide.

Using the SAI-E scale, the mean score was 20.1 with a minimum of 5 and a maximum of 28.

Conclusions: At the end of this evaluation, it is important to emphasize that insight seems to be an important prognostic factor.

Disclosure of Interest: None Declared

EPV0990

Cognitive complaints in schizophrenia:relationship with clinical symptoms, stigma and insight

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doi: 10.1192/j.eurpsy.2024.1577

Introduction: In addition to the classic clinical symptoms, patients with schizophrenia suffer from cognitive difficulties, self-stigma and poor insight.

Objectives: This study aims to evaluate the impact of stigma, symptom severity, and insight on subjective cognitive complaints in patients with schizophrenia.

Methods: This is a cross-sectional, descriptive and analytical study carried out on 72 stabilized patients followed at the post-cure psychiatry consultation 'A' at the CHU Hédi Chaker in Sfax diagnosed with schizophrenia according to the DSM 5 criteria.

We used the schedule for the Assessment of Insight–Expanded Version(SAI-E) to asses clinical insight, The Internalized Stigma of Mental Illness (ISMI) scale for the assessment of internalized stigma, the Subjective Scale to Investigate Cognition in Schizophrenia (SSTICS) scale to determine subjective cognitive complaints and the Positive and Negtive Syndroms Scale (PANSS) to assess positive and negatives symptoms.

Results: The average age of the patients was 46.83 ± 11.6 years, with a sex ratio (M/F) of 2. In our study, 48.5% of the patients were single, 52.8years,% were smokers and 23 6% consumed alcohol. The level of education did not exceed the primary level for 44.4% of the patients. The average age of disease onset was 24.56 ± 5, 82. Our participants had an average score of 25 on the SSTICS total score and 20.1 on the SAI-E. The median ISMI total score and PANSS total score were 2.45 and 46respectively

The predominant negative symptoms(p=0.003), stigma(p=0.009), and insight (p<10-3)were significant factors associated with increased cognitive complaints.

Conclusions: In schizophrenia, the combination of cognitive difficulties, self-stigma with a low insight makes the management of these patients more difficult.

Disclosure of Interest: None Declared