

18 years. 81% reported remission of the disease after abstinence. The hospitalization rate was 88.2% for addicts versus 85% for non-addicts. The number of hospitalizations was 180 for addicts versus 78 for non-addicts. The cumulative duration of hospitalization is 208 months against 96 months for addicts. The duration of remission is 5 months for addicts and 24 months for non-addicts. 71% of non-addicts patients have well observed their treatment against 57% of addicts

Conclusions: The weight of co-morbid addictions represents between 1/5 and 1/3 of the factors at stake in the compliance and the risk of relapse of patients suffering from schizophrenia. The development of specific care strategies for a global management of addiction and schizophrenia should be a priority.

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EPV0940

Schizophrenia: the announcement of the diagnosis

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Introduction: For many years, the question of the announcement of the diagnosis in psychiatry has been controversial. It is the starting point of a management allowing access to psychoeducation and to the patient's recovery. In the case of schizophrenia, the cognitive impairment and the stigmatizing nature of the pathology jeopardize the announcement of the diagnosis. However, recommendations and legislation emphasize the need to inform the patient about his or her pathology. In Morocco, the law n° 131-13 of February 19, 2015 relating to the practice of medicine has made information about the diagnosis to patients an obligation for doctors and a right for patients

Objectives: The interest of our work is to try to evaluate the current state of this practice, its ethics and its representations among psychiatrists.

Methods: This is a descriptive study on the announcement of the diagnosis of schizophrenia in a population of psychiatrists. The data collection was carried out by a questionnaire including: Socio-demographic and professional data, opinion on practice and training concerning diagnostic announcement in psychiatry, physicians' representations concerning announcement: frequency, opinion on the importance of this practice.

Results: 31 participants responded to our questionnaire. More than 9 out of 10 participants would not benefit from training on diagnostic announcement. Only 22.6% of physicians reported being very or somewhat familiar with medical information laws and their content regarding the regulation of diagnostic announcement. All participants considered schizophrenia to be the most difficult pathology to announce, followed by personality disorders and bipolar disorder. 74.2 of the participants considered it "rather" or "completely" essential to inform the patient of his or her psychiatric diagnosis. 77.4% of the participants considered it necessary to announce the diagnosis of schizophrenia and 80.7 often or systematically announce this diagnosis. Three situations considered appropriate to announce a diagnosis of schizophrenia: 74.2% announce it in general when the patient or the family asks for

information about the diagnosis, 42% advise the patient when he/she mentions schizophrenia on his/her own. The patient's functional inability to understand the diagnosis (77.4%) and the fear of negative clinical and therapeutic repercussions (41.9 and 38.7 respectively) were reported to deter physicians from making the announcement. More than half of the participants (64.5%) thought that the announcement of the diagnosis improved therapeutic compliance. Conversely, 35.5% considered that the announcement had no impact on therapeutic compliance.

Conclusions: The announcement of the diagnosis of schizophrenia remains today a complex and evolving subject. Even if great progress has been made to inform patients as well as possible, practices remain disparate from one doctor to another and this information is not well traced.

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Anxiety and depression in natural caregivers of patients with schizophrenia

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Introduction: Natural caregivers of patients with schizophrenia constitute a main source of care as they have to shoulder a multitude of caregiving responsibilities and are then confronted with considerable difficulties while providing care. As a result, natural caregivers, often described as "the hidden patients" usually suffer from psychological consequences such as anxiety and depression.

Objectives: This study aimed to assess anxiety and depression among natural caregivers of patients with schizophrenia and to identify risk factors for developing such disorders.

Methods: We conducted a cross-sectional, descriptive and analytical study, including 80 natural caregivers of patients with schizophrenia. We used the Hospital Anxiety and Depression Scale (HADS) to evaluate anxiety and depression.

Results: The typical caregiver profile was consistent with a 55-year old married illiterate first degree relative (mostly parents or spouses) with a low socio-economic level.

The mean anxiety score was 10.6 ± 5.1 and the mean depression score was 11.6 ± 6.2 . Depression and anxiety were diagnosed in 66% of caregivers.

Anxiety and depression scores were significantly higher among female illiterate unemployed caregivers, those with organic history and among parents and correlated with the caregiving duration.

Anxiety scores were higher when patients in charge had poor therapeutic adherence and aggressive behavior and correlated with the age of caregivers and the number of other sick persons in charge. Caregivers reported higher levels of depression when patients in charge were not married, unemployed and had a history of suicide attempts.

Anxiety score were significantly correlated with depression scores.

Conclusions: Caregivers of patients with schizophrenia, although thought to be a privileged source of emotional and social support,