

with prominent negative symptomatology that was imbued with mystical delusional beliefs.

Objectives:

- 1) To describe the clinical particularities of this case, focusing on the improvement of negative symptoms during the course of treatment at our Day Hospital.
- 2) To review the available evidence regarding the pharmacological and psychotherapeutic management of negative symptoms of schizophrenia.

Methods: A review of the patient's clinical history and complementary tests were carried out. Likewise, we reviewed the available literature in relation to the management of negative symptoms of schizophrenia in an ambulatory setting.

Results: The patient was admitted to our Day Hospital after four psychiatric hospitalizations due to mystical delusions, ideas of grandiosity and hyper-spirituality, along with prominent negative symptoms at the moment of inclusion at our centre, including social withdrawal, diminished affective response, lack of interest in the academic sphere and poor social drive. Although previous positive symptoms were present in a lesser degree, the patient interpreted the presence of the negative symptoms described above as a "punishment" or "test" from spiritual creatures.

Management of negative symptoms represents a major unmet need in schizophrenia. Modest effect size evidence for pharmacological approaches favours the use of antipsychotic in monotherapy and augmentation of antipsychotic treatment with other agents, such as antidepressants. Scarce evidence regarding psychotherapeutic approaches to these symptoms points to the use of cognitive behaviour therapy and social skills training.

Conclusions:

- Clinical identification and characterization of negative symptoms is crucial when treating patients with schizophrenia, as these are associated with important disability and poorer functional outcomes.
- Differentiation of primary and secondary negative symptoms is a key aspect in the evaluation and management of schizophrenic patients.
- This case outlines the coexistence of positive and negative symptoms, and illustrates the challenges in the pharmacological and psychotherapeutic management of these symptoms at a Psychosis Day Hospital.

Disclosure of Interest: None Declared

EPV0919

Mental illness as a poor prognosis factor in cancer treatment: a review of the difficulties in diagnosing and treating cancer in patients with schizophrenia based on a clinical case

F. Santos Martins^{1,2,3*} and R. Malta¹

¹Department of Psychiatry, Centro Hospitalar Universitário S. João (CHUSJ); ²CINTESIS and ³Neurosciences and Mental Health Department, Faculdade de Medicina da Universidade do Porto (FMUP), Porto, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1518

Introduction: Psychiatric patients, and schizophrenia patients in particular, have a lower average life expectancy than the general population, and the high prevalence of physical illnesses contributes to this. In the case of cancer, the incidence seems to be the same or lower compared to the general population, but on the other, the prognosis is frankly worse.

Objectives: We aim to collect evidence about the relationship between cancer and schizophrenia.

Methods: Based on a clinical case of a patient diagnosed with schizophrenia who died of an occult neoplasm, we conducted a narrative review of the literature concerning cancer screening, incidence, mortality and prognosis in patients with schizophrenia.

Results: A 39-year-old male patient was diagnosed with schizophrenia when he was 26 years older. The patient was single, had no children, lived alone and was retired due to his psychiatric condition. He was admitted to the inpatient ward in January 2023 due to a psychotic relapse after abandoning the prescribed treatment. He remained hospitalised for 14 days, and oral and injectable antipsychotic therapy was reinstated. He was discharged to the psychiatric day hospital unit to promote psychosocial rehabilitation. During this period, he complained about unspecified back pain but did not present any other physical symptoms.

Two months later, he was evaluated by his psychiatrist as an outpatient, and his general condition had become significantly poorer. He had lost over 20 kilograms, his skin was pale, and he complained of back pain. He was referred to an internal medicine consultation. Still, before it was scheduled, he came to the emergency department and was admitted due to digestive bleeding, asthenia and low back pain, with a weight loss of around 25 kilograms.

An abdominal mass was palpated on physical examination, and the chest x-ray showed a "balloon drop" pattern, indicating pulmonary metastases. Two days after being admitted to the internal medicine ward, he died of cardiac arrest.

It is known that the stigma that mentally ill patients suffer often contributes to a delay in diagnosing medical illnesses. In addition, frequent social isolation and poor social family support do not help these patients seek medical care when their physical condition deteriorates. Low adherence to cancer screening and avoidance of routine health care often add to this delay.

Conclusions: As physicians who often deal with individuals with severe mental illnesses, psychiatrists should be extra aware of risk factors and keep a heightened suspicion of medical conditions. They should also promote the adoption of beneficial health behaviours and encourage participation in cancer screening and other relevant health programs.

Disclosure of Interest: None Declared

EPV0922

Evaluation of clinical and sociodemographic characteristics of hospitalised patients with schizophrenia spectrum disorder

H. R. Demirel*, E. Yıldız, S. N. İspir and M. Aydın

Psychiatry, Selçuk University Faculty Of Medicine, Konya, Türkiye

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1519

Introduction: Schizophrenia and other psychotic disorders are disorders in which the individual's assessment of reality is impaired and which progress with exacerbations and become chronic, leading to disability, loss of function, social communication problems and frequent hospitalisations.

Objectives: The aim of our study was to evaluate the clinical and sociodemographic data of patients followed up in the outpatient clinic for psychotic disorders and hospitalized at least once in any time during their treatment.

Methods: The sample of the present study consisted of patients who were followed up in the psychotic disorders outpatient clinic of Selçuk University Faculty of Medicine Hospital and who were hospitalised at least once. Patients were identified by retrospective file search and those with sufficient information about their sociodemographic-clinical characteristics were included. The study approved by the ethics committee of Selçuk University Faculty of Medicine.

Results: Of the 130 patients, 52 (40%) were female and 78 (60%) were male; mean age was 40.8 ± 12.0 years. Almost half of the patients ($n=53, 40.8\%$) had primary school education. 73 (59.2%) of 130 patients were receiving long-acting antipsychotic medication. 100 patients (76.9%) were using oral antipsychotics. 63 out of 100 patients were on clozapine. 22 of 63 patients used clozapine as monotherapy. The mean duration of untreated psychosis ($n=90$) was 15.8 ± 32.1 months. The mean number of hospitalisations was 3.4 ± 2.5 . 15 patients (11.5%) were lived in a nursing home. The mean number of hospitalisations of patients receiving long-acting treatment (3.8 ± 2.9) was significantly higher than that of patients receiving oral treatment only (2.7 ± 1.6) ($p=0.004$). There was no significant difference in the mean number of hospitalisations when comparing according to the presence of clozapine in the treatment ($p>0.05$).

Conclusions: The primary goal in the treatment of patients with schizophrenia is to prevent relapses, hospital admissions and improve patients' quality of life and functioning. Therefore, the variables related to hospitalisations, which are an indirect indicator of the frequency of psychotic episodes, should be well evaluated. Our study was mainly descriptive and evaluated the relationship between several parameters and hospitalisations. It was thought that the high number of hospitalisations in patients on long-acting treatment might be related to the fact that long-acting treatment in our country is mostly started in the late stages of the disease. Large-sample studies of predictive parameters are needed to prevent psychotic episodes and reduce the number of hospitalisations.

Disclosure of Interest: None Declared

EPV0923

Impact of negative signs on therapeutic compliance in patients with schizophrenia

H. Ballouk*, H. boukidi, K. taleb, S. belbachir and A. ouanass

Ar-Razi university psychiatric hospital, Salé, Morocco

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1520

Introduction: Schizophrenia is characterized by a heterogeneous clinical expression. Schizophrenic symptoms fall into three main

dimensions: positive, negative, and disorganized. Negative symptoms may be primary or secondary to positive symptoms.

Therapeutic compliance is essential in the management of mental illnesses and in particular schizophrenia. The associations between poor compliance and negative symptomatology are little studied even though it is found in several patients suffering from schizophrenia and is associated with a poor functional prognosis.

Objectives: The objective of this study is to evaluate the link between negative symptoms and medication adherence in patients with schizophrenia.

Methods: This is a cross-sectional study with a descriptive and analytical aim carried out among patients in whom a diagnosis of schizophrenia was made according to the diagnostic criteria of the DSM-5.

Data will be collected using an anonymous hetero-questionnaire including patients' personal and sociodemographic data, as well as the negative symptoms subscale of the PANSS and Medication Adherence Rating Scale (MARS) which assesses therapeutic compliance.

Results: In total, we obtained a sample of 109 patients. The median age of the population is 37 years (± 8.2), the age varies between 18 and 64 years. The majority of patients were single, i.e. 79.6%. On average, patients had good compliance with the MARS with a mean score of 6.3 ± 1.9 [0;10]. A negative correlation between the negative symptoms subscale of the PANSS and the MARS was found significant ($p=0.003$), with a moderate effect.

Conclusions: This study showed that the negative signs of schizophrenia have an impact on therapeutic compliance. Therefore, it would be useful to enlarge the sample and study this association in depth in order to be able to improve these signs to ensure good care and better quality of life for these patients.

Disclosure of Interest: None Declared

EPV0924

Duration of untreated psychosis and involuntary hospitalization in first-episode psychosis

H. J. Gomes*, R. A. Moreira, J. P. Correia, E. Maldonado, J. M. Barros and J. R. Gomes

Unidade Local de Saúde do Nordeste, Bragança, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1521

Introduction: Duration of untreated psychosis (DUP) is defined as the time between the onset of psychotic symptoms and the initiation of appropriate treatment. DUP has been the subject of intensive research to understand how it is associated with a poorer prognosis in patients with first-episode psychosis (FEP). Involuntary treatment is often necessary in the context of FEP.

Objectives: To characterize the relationship between the duration of untreated psychosis (DUP) and the type of hospitalization (voluntary versus involuntary) in patients admitted for FEP.

Methods: We conducted a retrospective observational study, collecting data from patients admitted between January 2019 and December 2022, in the psychiatric unit at our hospital in Bragança, Portugal. We used the information recorded in the clinical records