

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

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