Image 1:

Image 2:

Conclusions: In anti NMDA receptor encephalitis affective symptoms, psychosis, catatonia, consciousness disorders, as well as neurological symptoms occurred. In majority of cases no changes are observed in brain imaging. EEG examination shows non-specific changes in 90% of cases. About 80% of patients recover without functional impairment, but in 7% disease is lethal. Crucial is to determine the etiology of atypical symptoms in order to implement adequate therapy as soon as possible.

Disclosure of Interest: None Declared

EPV1787

The Relationship Between Metabolic Syndrome and Psychological Resilience in Schizophrenia Patients in Remission

Ö. Kaya Tuncel[1]*, D. İpekçioğlu[2] and S. Uysal Atasoy[2]

[1]Psychiatry, Republic of Turkey Ministry of Health Ordu State Hospital, Ordu and [2]Psychiatry, Bakırköy Mazhar Osman Mental Health and Neurological Diseases Education and Research Hospital, İstanbul, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2225

Introduction: Comprehending metabolic syndrome (MetS) risk factors in schizophrenia patients is pivotal for devising effective treatment strategies.
Objectives: This study aims to explore the relationship between MetS and psychological resilience in schizophrenia patients.

Methods: A total of 140 schizophrenia patients with no hospital admissions or treatment changes in the last 6 months were enrolled in the study. For metabolic syndrome screening, patients' blood pressure, height, weight, waist circumference, and hip circumference measurements were taken; these data, along with blood lipid levels and fasting glucose, were recorded on the sociodemographic and clinical data form. Patients were categorized into two groups based on the presence or absence of MetS. The Positive and Negative Syndrome Scale (PANSS) and the Resilience Scale for Adults were applied cross-sectionally.
Results: MetS was identified in 33.6% of the included patients, with 88.6% exhibiting abdominal obesity. There were no statistically significant differences between groups in terms of gender, marital status, education level, employment status, type of antipsychotic, and use of single or multiple antipsychotics. In the MetS group, PANSS negative symptom scores were significantly higher. No significant differences were observed in psychological resilience between the groups.
Image 1:

Table 1. Comparison of PANSS scores between metabolic and non-metabolic groups

n=140	Non MetS (n=93)		MetS (n=47)			
	Avg	Sd	Avg	Sd	t-value	p-value
PANSS positive symptoms scores	7,89	1,77	7,89	1,52	t=0,004	p=0,997
PANSS negative symptoms scores	9,69	3,18	11,02	4,18	t=2,100	p=0,038
PANSS general psychopathology scores	18,87	3,02	19,30	3,74	t=0,728	p=0,468

Avg=Average, SS=Standart Deviation , t= t test, Z=Mann Whitney U test
PANSS: Positive and negative syndrome scale, MetS: Metabolic syndoreme, p<0,05

Conclusions: The demonstration of the relationship between the presence of MetS and the severity of negative symptoms is one of the significant outcomes of our study. These outcomes may contribute to formulating personalized treatment approaches.

Disclosure of Interest: None Declred

EPV1788

The interaction between cognitive biases, intolerance of uncertainty and anxiety sensitivity in schizophrenia spectrum disorder

I. Keleş Altun[1]*, S. A. Korkmaz[2], I. Açar Duran[2] and M. I. Atagün[2]

[1]Department of Psychiatry, University of Health Sciences Bursa Yüksek İhtisas Training and Research Hospital, Bursa and [2]Department of Psychiatry, Çanakkale Onsekiz Mart University, Çanakkale, Türkiye
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2226

Introduction: The cognitive model of psychosis suggests that psychotic symptoms may arise due to biases in information processing. Cognitive biases such as jumping to conclusions (JTC), belief inflexibility (BI), selective attention to threat (AT), and external attribution (EA) are dysfunctional ways of thinking in which distortions are observed in data collection, processing and interpretation. Cognitive biases are known to be associated with the occurrence of positive psychotic symptoms, but evidence for the influence of other cognitive processes on this relationship remains lacking.
Objectives: This study aimed to examine the relationship between cognitive biases and psychotic symptoms in schizophrenia spectrum

disorders and the cognitive factors hypothesized to influence this relationship, such as intolerance of uncertainty and insight.

Methods: 65 patients with schizophrenia spectrum disorder were included. Sociodemographic data form, Davos Assessment of Cognitive Biases Scale (DACOBS), Intolerance of Uncertainty Scale (IUS) Anxiety Sensitivity Index-3 (ASI-3), and Beck Cognitive Insight Scale (BCIS) Positive and Negative Syndrome Scale (PANSS) and Beck Anxiety Inventory were applied. Ethics committee approval was obtained (no: 2023-40). Statistical analysis was performed with SPSS 25.

Results: The mean age of the participants was 39.27 ± 12.21 years. 63.1% were male (n: 41) and 36.9% (n: 24) were female. Disease duration was 16.95 ± 12.80 years. Hierarchical regression analysis determined that PANNS positive scores were predicted by DACOBS external attribution subscale and IUS, ASI-3 and BCIS scores had a moderator effect (F: 3.51 p<0.001).

Conclusions: Our results showed that external attribution bias is the only cognitive bias associated with positive psychotic symptoms. Intolerance of uncertainty and anxiety sensitivity also play a role in the prediction of positive psychotic symptoms. Targeting intolerance of uncertainty and anxiety sensitivity with cognitive interventions may be useful in the treatment of positive psychotic symptoms in schizophrenia spectrum disorders.

Disclosure of Interest: None Declared

EPV1790

Development of addiction to nicotine with patients suffering from schizophrenia

M. Wadoń[1] and K. Krysta[1]*

[1]Department of Rehabiltaction Psychiatry, Medical University of Silesia, Katowice, Poland
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2227

Introduction: Symptoms of schizophrenia are associated with dysregulation of the dopaminergic systems of the central nervous system. Negative symptoms, including those related to emotions and mood, result from reduced activity in the mesocortical system, while positive symptoms result from increased activity of the mesolimbic system. Disorders in the reward system, composed of dopaminergic neurons, play an important role in the pathogenesis of addiction development. Nicotine activates the presynaptic parts of the neurons that make up the system to secrete dopamine, which translates into a feeling of pleasure and stimulates the development of addiction.

Objectives: The aim of the study was to demonstrate the relationship between the degree of development of nicotine and the severity of symptoms related to emotions and mood with patients suffering from schizophrenia.

Methods: The study involved 75 patients diagnosed with schizophrenia (F.20 according to ICD-10). The study was conducted from October 2023 to September 2024 in CZPiLU in Gliwice. During the study, the Frankfurter-Bejindlichkeits-Skala was used to assess the appearance and severity of symptoms related to emotions and mood. The analysis of the development of addiction was made possible by the Fagerström Test for Nicotine Dependence.

Results: Based on statistical analysis, a significant relationship was noted between the severity of addiction to nicotine and the presence or absence of symptoms related to well-being. In addition, a correlation (p<0,001) was noted between the degree of nicotine and the severity of symptoms related to emotions and mood. Patients with strong negative symptoms of schizophrenia developed a high level of addiction to nicotine (p=0,001), while those with mild (p=0,001) or moderate symptoms (p=0,005) related to well-being achieved lower scores on individual addiction scales. All patients included in the study had at least a mild level of addiction to nicotine.

Conclusions: The presence of schizophrenia symptoms related to well-being has a significant impact on the initiation of addiction development to nicotine. Furthermore, the level of advancement of symptoms related to emotions and mood translates into the severity of nicotine, especially in the group of patients in whom strong negative symptoms translate into a high level of addiction advancement. Patients suffering from schizophrenia require psychological and psychiatric care and diagnostics for addictions and appropriate prevention before their development.

Disclosure of Interest: None Declared

EPV1791

Assessing the Relationship Between Schizophrenia Symptom Severity and Insight Using the Frankfurt Complaint Scale (FBS) and "My thoughts and feelings" Questionnaire

W. Chojna[1], S. Rusinek[1], M. Laskowska[1], M. Bezeg[1], D. Piłat[1] and K. Krysta[1]*

[1]Department of Rehabilitation Psychiatry, Medical University of Silesia, Katowice, Poland
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2228

Introduction: Schizophrenia remains a complex psychiatric disorder characterized by varying symptoms and levels of insight. The Frankfurt Complaint Scale (FBS) and the "My thoughts and feelings" questionnaire provide quantitative measures of symptom severity and insight, respectively. Previous literature has emphasized the importance of these tools in both clinical assessment and therapeutic planning.

Objectives: Exploring the Relationship Between Schizophrenia Symptom Severity and Insight based on the Frankfurt Scale and the "My thoughts and feelings" Questionnaire.

Methods: The study utilized data extracted from an Excel dataset comprising demographic information and specific scores from the FBS and the Insight questionnaire. The sample was divided into four subgroups based on their FBS scores, and the average Insight score for each subgroup was calculated.

Results: The study found the following average Insight scores across FBS-defined subgroups: Mild symptoms: 9.67, Moderate symptoms: 8.25, Severe symptoms: 8.22, Very severe symptoms: 9.29. The correlation analysis revealed a weak and non-significant correlation between FBS scores and Insight scores (r = -0.017, p = 0.925). The demographic analysis showed a prevalence of male patients (n=20), with the most common age group being 36-45 (n=11). Most participants resided in large cities (n=16), with the highest educational attainment being a Bachelor's/Master's degree (n=12), and the majority were single (n=21). The study group displayed diverse demographic characteristics,
with a significant male predominance and a concentration in urban environments. This demographic distribution may influence the generalizability of the findings and provides a context for interpreting the varied experiences and perceptions of illness within the group.

Conclusions: This study underscores the complexity of schizophrenia, where symptom severity does not straightforwardly correlate with insight into the illness. It highlights the importance of