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Sexual dysfunctions, internalized stigma and quality of life in patients with schizophrenia

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Introduction: Schizophrenia is a chronic psychotic disorder characterized by a high prevalence of sexual dysfunctions (SD). SD can affect the quality of life (QOL) of patients, cause low self-esteem and self-stigma.

Objectives: To evaluate the sexual functioning, the QOL, and the internalized stigma among outpatients with schizophrenia. To determine the links between SD, the QOL, and the internalized stigma.

Methods: A cross-sectional, analytical study was conducted between Mars and September 2019. It included 53 outpatients with schizophrenia in clinical remission for at least two months.

We used the Arizona Sexual Experiences Scale (ASEX) to assess sexual functioning, the Internalized Stigma of Mental Illness scale (ISMI) to assess the subjective experience of stigma, and the 36-item Short-Form Health Survey (SF-36) to evaluate the QOL.

Results: The average age of patients was 42.28 years old, and their sex ratio was 3.81. The average ASEX score was 19.77±5.99, and 67.9% of participants had at least one SD.

The mean ISMI score was 2.47±0.34. 60.4% of patients had a high level of internalized stigma. The QOL was impaired in 66% of the cases.

We found correlations between SD and a high level of internalized stigma ($p=0.011$) and its subscales «alienation» ($p=0.013$), «stereotype endorsement» ($p=0.034$) and «discrimination experience» ($p=0.001$).

SD correlated with impaired QOL ($p<0.001$), emotional limitation (0.050), and social functioning (0.031).

Conclusions: Our study highlights the importance of the impact of SD on the prognosis of schizophrenia through internalized stigma and altered QOL.

Disclosure of Interest: None Declared

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The relationships between sexual dysfunctions, psychopathology and treatment in patients with schizophrenia

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Introduction: Sexual dysfunctions (SD) are common in patients with schizophrenia. The link between schizophrenia and sexuality is complex. Studies have shown that SD can be linked to the side

effects of antipsychotic medications, but also to symptoms of illness.

Objectives: To identify the clinical and therapeutic factors associated with SD in outpatients with schizophrenia.

Methods: A cross-sectional and analytical study was conducted between Mars and September 2019. It included 53 outpatients with schizophrenia in clinical remission for at least two months.

We used the Positive and Negative Symptom Scale (PANSS) to assess clinical symptoms and the Arizona Sexual Experiences Scale (ASEX) to assess sexual functioning.

Results: The average age was 42.28 ±10.49 years old. The sex ratio was 3.81. The mean age of onset was 27.09±5.46 years. The mean duration of illness was 18.11±9.29 years. First-generation antipsychotics were prescribed in 77.4% of cases, while second-generation antipsychotics were prescribed in 39.6% of cases.

The average ASEX score was 19.77±5.99, and 67.9% of participants had at least one SD. The analytical study revealed significantly higher average scores for the PANSS-negative subscale ($p=0.006$) and the PANSS total score ($p=0.04$) in patients with SD. SD correlated with first-generation antipsychotic treatments ($p=0.02$).

Conclusions: Our results show that SD are frequent in patients with schizophrenia and that they are related to the severity of the symptoms, in particular the negative symptoms of illness, and the prescription of first-generation antipsychotics.

Disclosure of Interest: None Declared

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The risk of developing diabetes during antipsychotic drug treatment: A nationwide study among 31,856 patients with schizophrenia

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Introduction: Antipsychotics (AP) are the primary pharmacological treatment for schizophrenia but increase the risk for diabetes, with recent meta-analyses indicating important differences between specific APs. However, these findings are based on randomized clinical trials, which only include 20% of patients seen in everyday clinical settings, and are hence prone to selection bias.

Objectives: We aim to investigate 1) the actual risk of developing diabetes in patients treated with APs using real-world data and 2) whether there are risk differences between specific APs.

Methods: We conducted a retrospective cohort study using Danish nationwide healthcare registers. We identified all individuals receiving a schizophrenia diagnosis from January 1, 1999, to January 1, 2019 and an age- and sex-matched reference population from the general population. The primary outcome was diabetes, identified via hospital discharge diagnoses and redeemed prescriptions for glucose-lowering drugs. First, we compared the risk of developing diabetes between patients with schizophrenia and the age- and sex-matched reference population. Second, among the patients with schizophrenia, the association between AP drug treatment and the risk of diabetes were analyzed. Third, risk