

ment Questionnaire, Internalized Stigma of Mental Illness Scale, Temperament and Character Inventory, Adult Dispositional Hope Scale, Drug Attitude Inventory, Liebowitz Social Anxiety Scale, Beck Depression Inventory – II, and Beck Anxiety Inventory.

**Results** The quality of life was significantly higher in employed patients, and individuals with higher hope, self-directedness, and persistence. The quality of life was lower among the patients with higher number of hospitalizations, those with higher severity of the disorder and individuals who were taking more medication. The patients with more pronounced symptoms of depression, anxiety, and social anxiety had a lower quality of life. Finally, the quality of life was lower among the individuals with higher harm avoidance, and self-stigmatization.

**Conclusions** Detection of the quality of life in the context of personality traits, hope, self-stigma and demographical and clinical factors may be an important part of the treatment of patients with schizophrenia.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EW0823

### Negative aspects of self-stigma in patients with schizophrenia spectrum disorders

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**Introduction** Most individuals diagnosed with schizophrenia must cope with some form of stigmatization. Different types of public stigma, self-stigma and label avoidance, may have negative consequences for these individuals.

**Objectives** The aim of the study was to search the degree of self-stigma in schizophrenia and its association with the clinical and demographic factors.

**Methods** One hundred and ninety-seven stabilized outpatients diagnosed with schizophrenia spectrum disorders participated in the study. The mean age of the sample was 40 years. All individuals completed the Internalized Stigma of Mental Illness Scale (ISMI) and a demographic questionnaire. The disorder severity was assessed both by a psychiatrist (objCGI-S: the objective version of Clinical Global Impression – Severity scale) and by the patients (subjCGI-S: the subjective version of Clinical Global Impression – Severity scale).

**Results** The total score of the ISMI positively correlated with the severity of the disorder measured by the objCGI-S and the subjCGI-S. Additionally, the self-stigma positively correlated with the treatment duration, and the number of hospitalizations. The regression analysis identified these regressors as the most relevant to the self-stigma – the number of hospitalizations, the severity of the disorder rated by a psychiatrist, and the difference between the objective rating and the subjective rating of the severity of the disorder.

**Conclusions** Outpatients with psychosis, who have undergone a higher number of hospitalizations, dispose of a higher severity of the disorder and show a bigger discrepancy between their rating of

the severity and the psychiatric rating, display a greater degree of self-stigma.

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#### EW0824

### Therapy initiation during a first acute episode psychosis in the psychiatric department of Mahdia

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**Introduction** The quality of the therapeutic care during a first episode psychosis (FEP) determines the middle- and long-term prognosis.

**Objectives** The aim of our study is to describe the therapeutic attitudes in front of a FEP and discuss them according to current international recommendations.

**Methods** This is a retrospective descriptive study. All patients with a FEP, hospitalized in the psychiatric department of the university hospital, Mahdia during the period from 15 May 2000 to 31 December 2013 have been included.

**Results** We recruited 111 patients. The average age was 27 years, a male predominance was noted. Initially, the majority of patients were treated in monotherapy (55.9%) and mostly with typical antipsychotic drugs (80.2%), by injection. Among those under association, 63.4% received corrective treatment and 26.8% a benzodiazepine. The prescription of a mood stabilizer and an antidepressant was noted in respectively 5.6 and 2.8% of cases. The majority of patients received typical antipsychotic drugs (53.1%) while 39.6% were under atypical antipsychotic. The follow-up period, after which a reduction of the antipsychotic dose was decided, ranged from 1 to 66 months with an average of 8.26.

**Conclusion** The progression to a chronic psychosis, still has a severe connotation. The Early and adequate therapeutic care in accordance with the international recommendations, determines the prognosis and constitute a decisive moment in the evolutionary trajectory of the disease.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EW0825

### Effectiveness of health checks to improve the physical health of people with severe mental illness in secondary care: A single blind cluster randomised controlled trial

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**Introduction** Annual monitoring of physical health of people with severe mental illness (SMI) in primary or secondary care is recommended in England.

**Objective** The SMI Health Improvement Profile (HIP) was developed to target physical well-being in SMI through the role of the mental health nurse.

**Aim** The primary aim was to investigate if health checks performed by community mental health nurses (CMHNs) trained to use the HIP improved the physical well-being of patients with SMI at 12 months.

**Methods** A single blind, parallel group randomised controlled trial of training to use the HIP (clustered at the level of the nurse). Physical well-being was measured in study patients using the physical component score of the SF36v2 at baseline and at 12 months.

**Results** Sixty CMHNs (working with 173 patients) were assigned to the HIP programme (training to use the HIP) or treatment as usual. The HIP was completed with 38 (42%) patients at baseline and 22 (24%) at follow-up in the HIP programme group. No effect of the HIP programme on physical health-related quality of life of study patients was identified, a finding supported by per protocol analyses.

**Conclusions** This study found no evidence that CMHN delivered health checks following training to use the HIP are effective at improving the physical well-being of SMI patients at one year. More attention to methods that aim to enable the delivery, receipt and enactment of evidence-based interventions to improve physical health outcomes in this population is urgently required.

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#### EW0826

### Brainstem audiometry as a diagnostic tool in psychiatry: Preliminary results from a blinded study

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**Background** Some prior studies of brainstem audiometry have found illness-specific aberrations, suggesting that this procedure can be of use to clinicians in diagnosing certain psychiatric illnesses.

**Aims** The study aimed to examine the diagnostic properties of a brain stem audiometry procedure (SD-BERA<sup>®</sup>) for patients suffering from schizophrenia and bipolar disorder.

**Methods** A blinded study including 12 patients with schizophrenia, 12 patients with bipolar disorder, and 12 healthy controls was performed in 2014/2015. The patients were recruited from psychiatric specialist services and a primary care office in the County of Troms, Norway. The patients and controls were examined with brainstem audiometry. The clinical diagnoses were not known to the researchers who analysed the brain stem audiometry data at the Swedish company SensoDetect. Sensitivity and specificity for each group (compared to healthy controls) was calculated.

**Results** The brain stem audiometry procedure had a high degree of sensitivity (1.00), but a lower degree of specificity (0.45) when patients suffering from bipolar disorder were compared to healthy

controls. For the diagnosis of schizophrenia, the brain stem audiometry procedure had a high degree of specificity (0.91), but a lower degree of sensitivity (0.33) when patients were compared to healthy controls.

**Conclusions** This method may help clinicians by lending support to a clinically suspected diagnosis of schizophrenia. The relatively low specificity for bipolar disorder could suggest that the method needs further development before it can be useful clinically when the diagnosis of bipolar disorder is suspected. Further scientific testing is needed to verify these findings.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EW0827

### Aripiprazole in treatment of disability in social, professional and family life in schizophrenia patients

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**Introduction** Enhancement of overall functioning is one of most important goals in treatment of schizophrenia (SCH) patients.

**Objective** To assess efficacy of aripiprazole in treatment of disability and impairment in social, professional and family life in SCH patients.

**Methods** This study included 50 patients with SCH diagnosed by ICD-10 criteria, divided into H (Haloperidol, 5–20 mg/24 h) group (25 patients), and A (Aripiprazole, 10–30 mg/24 h) group (25 patients). Antipsychotics were tested for 12 months with Positive and Negative Symptom Schedule (PANSS), Sheehan Disability Scale (SDS) and the number of withdrawals attributed to adverse event (AE).

**Results** The mean pretrial PANSS score was 103.6 in A and 105.3 in H group. The mean PANSS score after 12 months was 53.5 in A and 54.4 in H group. There were no significant statistical difference in PANSS pretrial scores and scores after 12 months between groups,  $P=0.619$ ;  $P=0.364$ . There were significant statistical difference in PANSS score reduction after 12 months in both groups ( $P<0.001$ ). Aripiprazole improved all SDS scores in comparison to Haloperidol with high statistical significance. Work: A vs. H,  $P<0.001$ ; social life: A vs. H,  $P<0.001$ ; family life: A vs. H,  $P<0.001$ ; days lost: A vs. H,  $P=0.012$ ; days unproductive: A vs. H,  $P=0.007$ ; 8.0% AEs occurred in A, and 36.0% in H group.

**Conclusions** Aripiprazole showed same efficacy as haloperidol in treatment of SCH. Aripiprazole showed significantly better efficacy in treatment of disability and impairment. Number of withdrawals was significantly higher in haloperidol group.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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#### EW0828

### Smoking and tardive dyskinesia in patients with schizophrenia

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**Introduction** Tardive dyskinesia (TD) is a drug-induced movement disorder that arises with antipsychotics. These drugs are the mainstay of treatment for schizophrenia. Epidemiological studies have shown mixed results on smoking's association with TD.