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Correlates of adherence to antipsychotic Medications in Patients with Schizophrenia and Bipolar Disorders

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Introduction: The World Health Organization defines non-adherence to treatment as "a situation where an individual's medication-taking behavior diverges from the agreed recommendations of healthcare professionals". Individuals with psychiatric disorders frequently encounter challenges in adhering to their prescribed treatments, which is due amon other factors to a lack of insight. The non-adherence can lead to increased relapse rates, diminished treatment efficacy over time, and adverse effects on both the individual and the broader community.

Objectives: This study's objectives were towfold : (1) to investigate medication adherence among patients with schizophrenia and bipolar disorders under antipsychotics, and (2) to identify various factors associated with non-adherence to antipsychotic treatments.

Methods: A cross-sectional study was conducted at Razi Hospital, Tunisia, between December 2023 and January 2024. Were included patients who attended the outpatient clinic during the study period, who were in remission for at least one month and who were receiving antipsychotic medication. The Brief Adherence Rating Scale, the Positive and Negative Syndrome Scale and the Glasgow Antipsychotic Side-effects Scale were administered to all patients.

Results: The study included 35 male patients with a mean age of 39 years ± 11 years. Schizophrenia was diagnosed in 86% (N=30) of the participants. Of these, 49% were prescribed first-generation antipsychotics (N=17), while 51% (N=18) were prescribed second-generation antipsychotics. More than half of the patients (63%) demonstrated non-adherence to their treatment regimen. Among these, 65% exhibited moderate to severe lack of insight into their illness, and 66% had not received psychoeducation about their condition. A significant association was found between non-adherence and moderate to severe lack of insight (p=0.000, OR=4, 95% CI [1.4-10]), lack of psychoeducation for the patient (p=0.02, OR=2, 95% CI [1-4.3]), and lack of psychoeducation for the caregiver (p=0.05, OR=1.7, 95% CI [0.9-3.2]). Binary logistic regression analysis indicated that lack of insight (p=0.01, OR=3.6) remained a significant risk factor for non-adherence.

Conclusions: This study underscores significant association between lack of insight and non-adherence to antipsychotic medications. Enhancing insight through early psychoeducational interventions could potentially improve medication adherence and positively influence long-term clinical and functional outcomes for patients.

Disclosure of Interest: None Declared

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Validation of EPICOG-SCH Screening Battery in First Episode Psychosis: Cohort Study to Follow up Cognition and Functionality

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Introduction: The Epidemiological Study of Cognitive Impairment in Schizophrenia (EPICOG-SCH) is a brief battery to screen for cognitive impact of schizophrenia in outpatient settings. The EPICOG-SCH includes well-known subtests available worldwide that cover key cognitive domains demonstrated to be related to a variety of functional outcomes. Novel composite scores are modelled to predict patient's functionality in daily life at short, mid and long term.

Objectives: We want to progress in the elaboration of specific algorithms first episodes of schizophrenia at different follow up periods by modelling cognitive performance to predict short, mid and long term functionality.

Methods: Data for the present investigation were obtained from an the epidemiological and three-year longitudinal intervention program of first-episode psychosis (PAFIP) conducted at the outpatient clinic and the inpatient unit at the University Hospital Marques de Valdecilla, Spain. The cohort is composed by 167 patients with a diagnose of Schizophrenia and 160 healthy controls recruited between February 2001 to February 2014. For all analyses, a subset of measures was selected corresponding to the EPICOG-SCH domains with the Rey Auditory Verbal Learning Test (RAVLT) task ifor Logical Memory. Functional outcomes were measured by the Disability Assessment Scale (DAS) and the General Assessment for Function (GAF) scales. Functional measurements were conducted regarding premorbid, baseline set at clinical stabilization and 1, 3 year follow-up, and cognitive assessments where conducted at baseline and 1, 3 years of follow up.

Results: A cohort of 122 patients and 114 Controls completed the study with a 3-year follow up were included in the analysis. Changes across evaluations is tested in patients and controls. A regression analysis including the different EPICOG-SCH subtests at baseline as predictors of functionality at the different time points to explore the best predictive algorithms at 1 and 3 years of patient's functionality in daily life following a first-episode.

Conclusions: The EPICOG-SCH brief battery is modelled to be a useful first to screen for the cognitive impact of schizophrenia in daily functionality daily life. This research work will validate the composite scores for a context of use of first-episodes schizophrenia and follow up. To date it has not been described an efficient and straightforward way for clinicians working with schizophrenia to

transfer quantitative information about patient cognitive profile into real life. The EPICOG-SCH global composite score provides valuable information to clinicians which can facilitate disease management, drawing a roadmap for cognitive rehabilitation, and planning of supportive resources from the community and health care system.

Disclosure of Interest: None Declared

Sexual Medicine and Mental Health

EPV1861

Breaking the silence: Understanding the impact of sexual violence on mental health in Tunisia

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Introduction: Sexual violence is considered to be one of the most traumatic, pervasive, and common human rights violations. In Tunisia, there is limited research about this issue.
Objectives: The present study aims to explore the relationship between sexual violence and mental health in Tunisia, with a focus on understanding the prevalence and types of mental health problems experienced by victims, as well as different factors related to it.
Methods: This is a descriptive cross-sectional study that took place over six months from September 2022 to March 2023. Data collection was carried out using an online self-administered questionnaire distributed online. It is composed of 24 questions with "restricted" answers in the form of propositions. Each participant was invited to fill out the sociodemographic and clinical data form, the Harvard trauma questionnaire and the Hopkins symptoms questionnaire.
Results: 86.1% of our participants reported that they were subjected to a form of sexual aggression. Including 95.5% female, 4% male, and 0.5% non-binary. The median reported age of the first sexual aggression was 14 years. Our study found no significant correlation between age and trauma outcomes. Participants who reported sexual aggression were more likely to have scores above the cutoff for both the Harvard PTSD score and the Hopkins Symptoms Checklist scores. No statistically significant difference was found in the comparison of scores across genders. Participants with a past medical psychiatric history had a significantly higher average Harvard PTSD score as well as Hopkins symptoms checklist scores compared to those without this history. 35.5% of our participants chose not to disclose their traumatic experience to anyone. Notably, 34% of disclosures were made to friends and 22% to family members. The study found no statistically significant difference in the scores for post-traumatic stress disorder (PTSD), anxiety, or depression between participants who disclosed the assault and those who kept it a secret. The aggressor's identity is mostly unknown (34.7%). Higher scores were reported by those who identified their partner as the aggressor. Our participants reported that they were victims of more than one episode of sexual assault in 67.3% of cases, with a mean age of revictimization of 19 years. A lower age of first sexual aggression was a significant risk factor for

subsequent revictimization. 3.8% of our participants took legal action against their aggressor, and they had significantly higher average scores on all measured items and total scores. 30.8% of our participants seek psychiatric help. And the main reason for that would be a lack of awareness and knowledge.
Conclusions: The cultural context of Tunisia, intricately woven into the fabric of our study, emphasizes the need for targeted and culturally sensitive approaches to addressing the aftermath of sexual violence.

Disclosure of Interest: None Declared

EPV1862

Impact of Pornography Consumption on Sexual Self-Esteem in Tunisian Women

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Introduction: The consumption of pornographic products is a phenomenon that continues to increase considerably, especially among young people. It is encouraged by easier access to the Internet. On the other hand the concept of sexual self-esteem is a relatively new and little explored subject in the literature. It has emerged across a range of areas such as weight, sexual trauma and physical satisfaction.
Objectives: The aim of our study is to evaluate the impact of pornography consumption on sexual self-esteem in a population of Tunisian women and to determine the associated factors influencing this relationship.
Methods: This is a cross-sectional, descriptive, and analytical study conducted among 107 Tunisian women.
Data were collected using an anonymous self-questionnaire in French, using Google Forms, distributed across various Facebook platforms. It explored sociodemographic data, medical history and sexual health characteristics, sexual behavior, and pornography consumption along with its impact.
For the evaluation of sexual self-esteem, we used the "Sexual Self-Esteem Inventory for Women - Short Form" (SSEI-W-SF) in French language. (Hannier, S et al. Translation and validation study of the French version of the "SSEI-W-SF". Sexologies. 2022;31.)
Results: The majority of women (76%) are aged between 18 and 30 years, primarily from urban backgrounds (89%), professionally active (81%). In terms of marital status, 43% are single. Most women (60%) have no psychiatric history, 25% are being treated for anxiety disorders, and 20% for mood disorders. More than a quarter (28%) reported experiencing sexual abuse. Regarding sexual education, majority of women (94%) consider its learning essential, although only 11% received structured education at school. Consequently, 80% of women indicated that their main source of sexual education was online. In the studied population, 60% of women reported consuming pornography, primarily in the form of videos (79%). The evaluation of sexual self-esteem using the SSEI-W-SF revealed an average total score of 61.66, ranging from 26 to 82, with a median of 63 and a standard deviation of 10.887. Women with the lowest scores were particularly affected in terms of adaptability and control. We observed a significant correlation between pornography consumption and the absence of sexual