

EPP0068

Differences in adherence to treatment, relapses and healthcare costs between delusional disorder and paranoid personality disorder

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Introduction: Limited information is available regarding the clinical features, optimal treatment and prognosis of Paranoid Personality Disorder (PPD) and Delusional Disorder (DD). This is partly due to the low prevalence of cases and poor patient insight. The difference between DD and PPD has been questioned in the literature, as some studies have described them as a continuum, highlighting the role of specific personality traits in the transition to clinical delusions.

Nonadherence to pharmacological treatment is one of the most challenging aspects. This further leads to relapses, increased use of emergency psychiatric services, psychiatric admissions, longer periods of hospitalization, and an increased cost of illness to healthcare systems.

Objectives: The primary goal of this study is to compare the differences between DD and PPD in terms of medication adherence, relapses, lost to follow-up, and costs. Other aims of this study are to analyze the differences in these variables between patients who are adequately adherent and patients who are not

Methods: An observational, retrospective, and multicenter descriptive epidemiological study was conducted. Patients were selected from four public departments of psychiatry in Madrid, providing an area of roughly one million people. All patients were older than 18 years-old, diagnosed with DD or PPD from 2005 to 2022. Data were extracted from electronic medical records and from electronic prescribing program used in the public health system. The study was approved by the Hospital Fundación Jiménez Díaz Ethics Committee.

Results: 1227 individuals diagnosed with DD (974 patients, 79.3%) or PPD (253 patients, 20.61%). 23.81% (232 patients) of the DD-group did not take out the prescribed medication of the pharmacy, and 16.6% (42 patients) of the PPD-group were considered non-adherent.

Adherent patients had greater follow-up (4.02 vs 2.89 years) and shorter hospital stays (5.15 vs 8.6 days, $p < 0.05$) compared to non-adherent patients. DD patients doubled the average hospitalization stay compared to the PPD group (6.7 vs 2.96 days, $p < 0.01$).

Regarding costs: DD had higher hospitalization costs than PPD (1164 vs 488 euros per year) and higher total costs than PPD (2180 vs 1528 euros per year, $p < 0.05$). The costs were also higher in non-adherent than in adherent patients (2570 vs 1895 euros per year, $p < 0.05$).

Conclusions: Our sample of 1227 DD and PPD patients followed from 2005-2022 is, to our knowledge, one of the largest collected to date. We found sociodemographic and clinical differences between the DD and the PPD group. We also found differences between adherent and non-adherent patients, highlighting that non-adherence is associated with longer mean stay of hospitalization and more costs, both hospitalization and total direct healthcare

costs. We have also found association between non-adherence and risk of psychotic relapse.

Disclosure of Interest: None Declared

EPP0070

Birth weight, leptin and adiponectin in patients initiating clozapine

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Introduction: Psychotic patients often require pharmacological treatment, which may prove ineffective, leading to treatment-resistant psychosis necessitating the use of clozapine. However, the emergence of side effects can result in discontinuation, potentially triggering a relapse of psychotic symptoms. One significant side effect is antipsychotic-induced weight gain which, over time, can lead to adverse metabolic events. Recent translational research is evaluating the impact of prenatal factors on the metabolic outcomes of psychotic patients, using a surrogate marker of the intra-uterine milieu such as birth weight (BW).

Objectives: We aim to evaluate the changes in leptin, adiponectin, and insulin levels in patients with treatment-resistant psychosis who initiate clozapine treatment due to persistent psychotic symptoms.

Methods: Subjects older than 18 years with a diagnostic of a major mental disorder and initiating clozapine were enrolled in this 18-months longitudinal study. Neurohormones levels, including leptin, adiponeptin, and insulin were measured at baseline, 8 and 18 months during follow-up. Statistical analysis were conducted by using a fixed-effects model.

Results: A total of 23 subjects initiating clozapine were evaluated during the initial mandatory 18-week period. Neurohormones, specifically leptin and adiponectin, were measured at three time points: baseline, 8 weeks, and 18 weeks. The changes in leptin levels were significantly associated with birth BW with sex differences, being inversely correlated only in females. Adiponectin was

significantly associated with BW, being inversely correlated in males. Conversely, there was no observed association between insulin levels and BW.

Conclusions: Our findings highlight the significance of prenatal factors in influencing the subsequent evolution of neurohormones in individuals initiating clozapine treatment. This suggests that subjects with lower BW tend to exhibit elevated neurohormone values, emphasizing the role of prenatal events in this context.

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Suicidology and suicide prevention

EPP0071

Fictional faces of female suicide: Qualitative analysis of selected Russian-language texts of the school reader

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Introduction: Isaiah Berlin's (1948) exploration of the self-searching of Russian thinkers includes studies of the writers – Tolstoy and others (now – Russian-language texts of the school reader). These studies refute a widespread misconception about the relations between Russian writers and thinkers: namely, that in Russia literature and radical thought form two distinct traditions related only by mutual hostility. The works of Tolstoy, Dostoevsky, Karamzin, Leskov, Ostrovsky, and of minor novelists too, are penetrated with a sense of their own time, of this or that particular social and historical milieu and its ideological content, to an even higher degree than the 'social' novels of the west. The personal characteristics of suicide victims, heroines of Russian literature, along with the gender aspects, deserve attention in suicidal behavior (SP) focus.

Objectives: To study personal characteristics of suicide victims, heroines of fiction.

Methods: Qualitative analysis of selected Russian-language texts of the school reader.

Results: At the dawn of literature, we have seen fiery heroines and tremulous victims in the arms of death. As psychology approach was developed, and we get acquainted with the tragic backstory. Psychotypes of suicides are exaggerated and overlapped. «Hysterical»: manipulative, frigid nymphomaniac (e.g., Anna Karenina). «Freedom-loving rebel» (i.e., Katerina reincarnations from A. Ostrovsky) in conditions of excessive regulation. «She-Devil, or Rebel Without a Cause». The obsession with death turns into a criminal and a victim (e.g., «Lady Macbeth of the Mtsensk» by N. Leskov, Turgenyev's Susanna or Klara Milich). The image of a vindictively furious («velvet and tiger claws») woman descends to the Victorian view of female self-will. «Mimosa» is a sensitive, dreamy person, unable to resist the hardships of life, dependent (dies with her beloved, objection). In suicide, the strength of weakness is the outcome of a humiliating life (e.g., Karamzin's

«Poor Liza», «A Gentle Creature» by F. Dostoevsky. The meaning of suicides is the following: a call (to compassion, salvation), a «cry for help», atonement for one's (imaginary) – someone else's (by proxy) guilt, and release from encumbrance.

Conclusions: Fiction and life are united by emotionally unstable characters and/or depression as markers of unsatisfactory resilience. The cultural diversity of gender patterns and interpretations of SP challenges the essentialist view that «femininity» and marriage are protective factors. SP patterns illustrate and complement the explanatory concepts of SP. The inner world of suicidal people is fascinating and contributes to the evidence-based optimism in the «patient-centric» crisis care model.

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EPP0072

Decision-making competence in patients with depression and a history of suicide attempt: A systematic review

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Introduction: Decision-making is a complex process, and little is known about the various elements that comprise it. Recent literature on neurocognitive deficits in patients with a history of suicidality has highlighted that impaired (non-adaptive) decision-making is one of the most consistent deficits in individuals with a history of suicidality.

Objectives: This study aims to systematically review the available evidence on decision-making capacity in depressed patients with a history of suicide attempts.

Methods: A systematic search was conducted in PubMed, Psycnet, Elsevier and Scopus with additional searching through bibliographic references. This search was performed until the 31st of August 2022 and provided information on decision-making capacity in relation to suicidality and depression.

Results: The literature review provided 377 references, the titles and abstracts of which were reviewed for relevance to this study and the entry criteria set. The review of the title and abstract of these studies resulted in 50 articles that were potentially relevant to the study topic and a further review was then conducted to re-examine the selected studies and articles, which resulted in the final selection of 20 studies. The outcome measure used by the majority of studies as a measure of decision-making ability was the IOWA Gambling Task (IGT), in which the performance of patients with a history of depression and self-harm in most studies was significantly worse than that of healthy controls. Some methodological characteristics of the studies included in this review complicated the interpretation of the results, such as the sample size and characteristics of each study.