and statistical analysis of the data was performed using the SPSS program.

Results: Over the 4-year study period, 81 patients with first-episode psychotic symptoms at admission were selected. The average age was 46.98 years, with a slight male predominance. 46.9% (n=38) were admitted involuntarily, and 53.1% (n=43) were admitted voluntarily. The average DUP was 73 days. DUP was 95.92 days for patients admitted involuntarily and 54.72 days for voluntary admission. This difference was not statistically significant.

Conclusions: There was a longer DUP in patients admitted involuntarily, although this association was not statistically significant. However, it is important to emphasize that involuntary hospitalization is frequently linked to more severe cases and poorer prognosis. Therefore, recognizing psychotic symptoms as early as possible is essential to facilitate prompt identification and effective treatment for patients experiencing their first episode of psychosis, ultimately leading to an improved prognosis.

Disclosure of Interest: None Declared

EPV0925

The Relationship Between Internal Stigmatisation, Recovery and Treatment Adherence in Individuals with Schizophrenia

M. S. Keskiner[1], S. Aktaş[2], M. C. Aktaş[1], H. Ayhan[1] and K. Aslan[1]*

[1]Department of Pyschiatric Nursing, Yüzüncü Yıl University, Faculty of Health Sciences and [2]Department of Pyschiatric Nursing, Health Sciences University Van Training and Research Hospital, Van, Türkiye

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1522

Introduction: Schizophrenia has a clinical course that has a great negative impact on the daily life of the person due to the cognitive and social problems it causes. Internalised stigmatisation is a very common negative phenomenon in individuals diagnosed with schizophrenia. It is known that treatment adherence is low in schizophrenia patients with high levels of internalised stigma. Lack of adequate treatment adherence in these patients is a negative factor in terms of recovery. Reducing the level of internal stigmatisation and reinforcing treatment adherence in schizophrenia has a positive effect on recovery. Considering this situation, it is important to determine the relationship between internal stigmatisation, treatment adherence and recovery in schizophrenia patients. In the literature review, there were no studies in which the relationship between internal stigmatisation, recovery and treatment adherence in individuals diagnosed with schizophrenia was carried out together.

Objectives: In this study, it was aimed to fill the existing gap in the relevant field and to be a resource for further intervention programmes.

Methods: The study was planned as descriptive. The sample of the study consisted of individuals diagnosed with schizophrenia aged 18 years and over who met the inclusion criteria and accepted to participate in the study by purposive sampling method. In the power analysis, the sample number was calculated as (N=80) with a margin of error of 0.5. Personal information form, Internalised Stigma Scale in Mental Illness (ISMI), Recovery Assessment Scale (RAS) and Medication Adherence Rating Scale (MARS) were used for data collection. IBM SPSS 27.0 package programme was used for statistical analysis.

Results: The data are still being analysed in detail by the researchers. The findings and relational results of the study will be presented.

Conclusions: It is thought that the results of the study will contribute to the reporting of the relationship between intrinsic stigma, recovery and treatment adherence in individuals diagnosed with schizophrenia, and by revealing the relationship between the variables, it is thought that it will be a source for planning interventions that will increase the treatment adherence and recovery perceptions of schizophrenia patients and reduce their intrinsic stigma.

Disclosure of Interest: None Declared

EPV0926

Experience with 6-month paliperidone palmitate in a mental health center: descriptive study in real clinical practice

I. Garcia Del Castillo[1]*, A. P. Balaguer[1], B. G. Esteban[1], M. V.-B. García del Castillo[1], H. V.-H. García del Castillo[2], S. Castelao-Almodovar[2], A. Arce de la Riva[2] and F. Neira Serrano[3]

[1]Psychiatry, El Escorial Hospital, El Escorial; [2]Psychiatry, Puerta de Hierro University Hospital and [3]Statistics, Francisco de Vitoria University, Madrid, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2024.1523

Introduction: Extensive evidence supports that the use of long-acting inyectable antipsychotics (LAIs) reduces the risk of relapses and maintains functional and symptomatic improvements in patients with schizophrenia, both in the initial stages and in chronic cases. Several LAIs are available but paliperidone palmitate is the only antipsychotic with formulations lasting 3 (PP3M) and 6 (PP6M) months. Longer-duration LAIs achieve stable treatment with fewer injections. Recent studies with PP3M support a reduction in hospitalizations and emergency room visits compared to monthly paliperidone and aripiprazole or oral antipsychotics.

PP6M seems to be at least as effective and well tolerated as other LAIs in preventing relapses in previously stabilized patients with schizophrenia.

Objectives: to assess efficacy and tolerability of PP6M in a real clinical practice compared to previous treatment (oral antipsychotics or other LAIs)

Methods: Patients with a diagnosis of psychotic disorder and treatment with PP6M have been recruited consecutively in a Mental Health Centre in the Community of Madrid (Spain). Clinical stability (CGI and emergency visits and hospitalizations since the start of treatment), tolerability (adverse effects), functionality (PSP scale) and satisfaction with treatment (TMSQ scale) have been studied.

Results: 16 patients were included throughout the first 6 months of treatment with PP6M treated at a CSM in the Community (CSM) of Madrid, of which 2 abandoned the study. Among the 14 patients included, aged between 26 and 60 years, 13 had a diagnosis of

https://doi.org/10.1192/j.eurpsy.2024.1523 Published online by Cambridge University Press

schizophrenia and one of schizoaffective disorder (according to DSM5). No significant adverse effects were recorded, except for pain at the injection site. The majority were psychopathologically stable patients - 2 of them of recent onset (up to 36 months of evolution) and 7 psychopathological decompensations, measured as visits to the emergency room or psychiatric readmissions, have been detected during the first 6 months of follow-up in CSM. All patients had previously been admitted to treatment with PP6M (minimum 1 admission, maximum 20 admissions). The results of the baseline scores obtained on the psychometric scales applied were: CGI (15.35/35), PSP (62.78/100) and TMSQ (53.35/80).
Conclusions: The existing scientific evidence to date indicates that the application of PP6M is giving safe results in the first months of follow-up, with few side effects recorded, and a low rate of decompensations. This study based on data from real clinical practice in a CSM, despite the limitation due to the small sample size, obtains similar results consistent with those described in previous clinical trials.

Disclosure of Interest: I. Garcia Del Castillo Paid Instructor of: Training on drug use paid, A. Balaguer: None Declared, B. Esteban: None Declared, M. García del Castillo: None Declared, H. García del Castillo: None Declared, S. Castelao-Almodovar: None Declared, A. Arce de la Riva: None Declared, F. Neira Serrano: None Declared

EPV0927

Catatonic stupor in 32 years old man diagnosed with schizotypal disorder

I. Ljutica[1]*, Z. B. Otasevic[2] and D. Otasevic[3]
[1]Psychiatric Clinic, Clinical Center of Montenegro; [2]Dusa, Filipovic policlinic and [3]Dusa, Dusa, Podgorica, Montenegro
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1524

Introduction: Stupor is a state of numbness of almost all personality functions, accompanied by stiffness, lethargy and abulia (lethargy). A person in a state of stupor is recognized by the fact that he is constantly silent, does not respond to stimuli at all, refuses food, has a motionless body posture, a face immobile like a mask, a gloomy and absent look. We can call a person who is in a stupor only by calling loudly, shaking hard and similar charms. Catatonic stupor is a state of complete loss of spontaneous and active movement, the patient stands stiffly for hours, sits, does not take food, does not speak but registers everything that is happening around him because his consciousness is not clouded.
Objectives: Here, we report on the case of a 32 year-old man. He was brought in the Emergency Center by his mother with the eyes shut and unresponsive to all sorts of verbal and gestural attempts to elicit any kind of response, with extreme complete body rigidity. He was sweating.
Over several weaks, he developed gradually social withdrowal, motoric stereotypies, loss of apetite, body stiffness. Three days before he was admited to the hospital he stopped eating, drinking water, he was developed body rigidity.
Methods: Case report
Results: He was admitted to a Psychiatric Clinic and first days he was treated with 7,5 mg of lorazepam daily, kariprazin tbl. a 3mg in the morning and olanzapine 10 mg in the evening. Over several days symptoms has diminished.
Conclusions: The patient was reacted very well on the therapy and after several days syptoms diminished. After a month he was released from the hospital. He is in good remission for over a year. He comes regularly for outpatient check-ups

Disclosure of Interest: None Declared

EPV0928

Metabolic syndrome in psychiatric patients with schizophrenia

I. Bakija[1]*, M. Tripković[2], S. Kaštelan[3], M. Bogadi[4] and V. Grošić[1]
[1]Department of Integrative Psychiatry, Psychiatry Clinic Sveti Ivan; [2]Department of Psychiatry and Psychological Medicine, University Hospital Centre Zagreb; [3]Department of ophthalmology, Clinical Hospital Dubrava and [4]Psychiatric Hospital for children and adolescents, Zagreb, Croatia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1525

Introduction: Metabolic syndrome and cardiovascular diseases are a very important cause of morbidity and mortality among patients with schizophrenia who live an average of 10-20 years less than the general population. Second generation antipsychotics are associated with obesity and other components of the metabolic syndrome.
Objectives: The aim of this paper was to provide complete insight into the existing recent evidence for metabolic risks associated with the use of new antipsychotics, and establish recommendations for monitoring metabolic syndrome and other risks, as well as current options for treatment and prevention of metabolic syndrome.
Methods: This review article is based on a literature search. We identified relevant publications and articles by searching the PUBMED database from 1999 to the present day according to the given parameters. The search criteria were the keywords "metabolic syndrome" combined with "schizophrenia" and "new antipsychotics".
Results: All researches has convincingly shown that patients with schizophrenia tend to be overweight and have a three to four times higher risk of developing diabetes than the general population. There are also more and more evidence in recent literature about the impact of new antipsychotics on the frequency of metabolic syndrome in patients with schizophrenia. The World Health Organization (WHO) defines metabolic syndrome as an elevated insulin level or a fasting glucose concentration of 5.6-6.0 mmol/l in combination with two or more of the following parameters: abdominal or central obesity and dyslipidemia and/or arterial hypertension. The research results systematically showed a 1.5 to 3 times higher frequency of metabolic syndrome in people suffering from schizophrenia compared to the general population. Therefore, regular control of all components of the metabolic syndrome is necessary, from waist circumference, which is the easiest to measure, to all others that can be carried out and done in the general practice doctor's office.

https://doi.org/10.1192/j.eurpsy.2024.1523 Published online by Cambridge University Press