

this purpose, we will illustrate a case report of a patient admitted in the emergency room.

**Methods:** The authors have conducted online research in PubMed with the words “Delusional parasitosis” “delusional infestation”, “Ekbom syndrome”, from the outcome, the articles considered to be relevant were collected and analyzed.

**Results:** Delusional parasitosis can be classified into primary delusional parasitosis without other psychiatric or organic disorders present, secondary – functional (secondary to several mental disorders such as schizophrenia, depression, dementia, anxiety, and phobia), and organic forms (associated with hypothyroidism, anaemia, vitamin B12 deficiency, hepatitis, diabetes, infections (e.g., HIV, syphilis), and cocaine abuse. It is most commonly seen in middle-aged women. The patients became frequently socially isolated, prone to the development of depression symptoms.

**Conclusions:** This syndrome often presents a high level of psychosocial morbidity. Patients often seek dermatologists help in the first place, although there is no medical evidence. Psychiatrists play a major role in the diagnosis and treatment of these patients. Psychopharmacological therapy is quite challenging because of the patient’s belief that they have a parasitic infestation and not a psychiatric condition.

**Keywords:** Delusional parasitosis; delusional infestation; Ekbom syndrome

## EPP1235

### Assessment of hospitalizations in schizophrenia patients treated with paliperidone 1-monthly (PP1M), paliperidone 3-monthly (PP3M), aripiprazole once-monthly (AOM) and other oral antipsychotics (OAP) in clinical practice.

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**Introduction:** It has been shown that long-acting treatments can significantly improve adherence, control symptom, and reduce the risk of relapse compared to oral drugs. However, limited real world evidence is available as to whether there are differences among the various formulations marketed.

**Objectives:** This study aims to assess the impact on several prognosis variables of PP1M, PP3M, AOM and OAP drugs.

**Methods:** All adults ( $\geq 18$  years) with schizophrenia who were initiated on PP1M, PP3M, AOM, or OAP treatment (chlorpromazine, levomepromazine, fluphenazine, haloperidol, ziprasidone, zuclopenthixol, olanzapine, quetiapine, asenapine, amisulpride, risperidone, aripiprazole, paliperidone) between 2017 and 2018 were identified in IQVIA’s database (1.8M of inhabitants from 4 Spanish areas). The rate of hospitalizations, emergency room visits, and treatment persistence was calculated using the Kaplan-Meier method. Survival curves were compared using the log-rank test (Sidak-adjustment), and Cox’s Hazard Ratios (HR) were used for the comparison between groups.

**Results:** Data from 2275 patients were analyzed (PP1M= 387; PP3M=490; AOM=75; OAP=1323). The mean age of patients was 46.8(14.95) years, and 62.9% were male. The hospitalization rate at 12 months was significantly lower ( $p < 0.01$ ) for PP3M (8.3%) than for AOM (21.2%), PP1M (22.1%), and OAP (29.4%). When compared with PP3M use, the HRs were 2.17 for PP1M, 2.22 for AOM, and 2.90 for OAP. Emergency room visits rate at 12 months was also significantly lower ( $p < 0.01$ ) for PP3M (23%) than for PP1M (36.9%), OAP (43.5%), and AOM (46.2%). Persistence rates were higher for PP3M (91%) than for any other treatment ( $p < 0.01$ ).

**Conclusions:** Our results outline that patients treated with PP3M experienced fewer relapses and decompensations compared to all other treatments analyzed, which might help improve the prognosis and quality of life of patients.

**Conflict of interest:** This study was sponsored by Janssen. M. García and P. López are employees of Janssen.

**Keywords:** Relapse prevention; schizophrenia; Antipsychotics; Long-acting Antipsychotics

## EPP1236

### Values and implicit self-stigmatization among people with mental disorders

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**Introduction:** People with mental disorder can share negative stereotypes, related to mental disorders. This might cause self-stigmatization, which is negatively related to quality of life and compliance with treatment. This self-stigmatization can be non-conscious or implicit, which might complicate its detection and further therapy.

**Objectives:** In present study we investigated the role of values in implicit self-stigmatization among 40 women diagnosed with schizophrenia (mean age 23.77 years  $\pm 6$ ).

**Methods:** Participants completed the Portrait Value Questionnaire (Schwartz, 2003) and two brief implicit association tests (BIAT), measuring implicit self-esteem and attitudes towards mental disorders (Corrigan et al., 2010). The results of two BIATs were combined as a measure of implicit self-stigmatization.

**Results:** A linear regression model was built. Four values (self-enhancement, self-transcendence, openness to change and conservation values) were entered as independent variables, while implicit self-stigmatization – as dependent variable. It was found that self-transcendence values were marginally negatively related to implicit self-stigmatization ( $b = -.122$ ,  $\beta = -.398$ ,  $SE = .064$ ,  $p = .067$ ), while other values were not significantly related to it ( $ps > .125$ ).

**Conclusions:** Self-transcendence values – values related to the well-being of others, which include tolerance, altruism and protection for the welfare of all people and for nature – are negatively related to implicit or non-conscious self-stigmatization. This finding, although marginally significant, is in line with previous studies. Previous studies showed that self-transcendence values are also negatively associated with explicit or conscious self-stigmatization (Lannin et al., 2020). Thus, these values can be targets for programs