

**Conclusions:** For a traditionally difficult-to-engage population, adherence to multidisciplinary clinic appointments was relatively high. Loss to follow-up was lower than would have been expected.

**Conflict of interest:** AGR has received honoraria, registration for congresses and/or travel costs from Janssen, Lundbeck-Otsuka and Angelini.

**Keywords:** Delusional disorder; psychosis; Therapy; adherence

## EPP1158

### Eye-movements deficits in schizophrenia: A metanalysis of evidence

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**Introduction:** Although eye-movement disorders are one of the most replicated deficits in the psychiatric literature, the strong heterogeneity of results is still an unexplained issue that could be effectively addressed with a quantitative review of evidence.

**Objectives:** For this reason, a large-scale meta-analytic study comprising more than 200 studies was conducted to analyse the presence of eye-movement deficits in schizophrenia patients, as compared to healthy controls.

**Methods:** To this aim, saccadic eye movements were grouped based on the type of task required (e.g., standard, predictive) and the quantification method used (e.g., number, duration, amplitude). For each sub-group separate meta-analysis were computed. Cohen's d was used as measure of effect size. Risk of bias within and between studies and heterogeneity were also analysed.

**Results:** indicated low Cohen's d with the exception of the number of correct antisaccades – where schizophrenia patients reported less correct anti-saccades than healthy controls - and antisaccades error rate – where schizophrenia patients reported a higher number of errors than healthy controls.

**Conclusions:** Antisaccades emerged as better suited to differentiate between patients and healthy controls, thus making them the most promising candidate as a possible biomarker for schizophrenia.

**Keywords:** Eye-movements; schizophrenia; Antisaccadic error; biomarker for schizophrenia

## EPP1159

### Depression and quality of life in schizophrenia-spectrum

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**Introduction:** The coming out of depressive disorders seems to be associated with severity of schizophrenia's disease and with poor quality of life (QoL).

**Objectives:** The aim of our study was to assess the relationship between depression and QoL in patients with schizophrenia.

**Methods:** This is a cross-sectional and analytical study including stabilized patients with schizophrenia or schizoaffective disorder followed up in the outpatient psychiatry department at Hedi Chaker hospital university of Sfax (Tunisia), between August and October 2019. We used the Calgary Depression Scale (CDS) to evaluate depression and the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-SF) to assess QoL.

**Results:** We recruited 37 patients with a mean age of 49.14 years and a sex ratio of 4.66. Seventy-three (73%) of patients were followed for schizophrenia and 27% for schizoaffective disorder. They were married in 43.2% and 35.1% of patients had a regular work. According to CDS, 18.9% of patients had depression with a mean score of 2.27 (SD 2). QLESQSF mean score was 65.51. Depression was negatively correlated with Quality of Life Enjoyment and Satisfaction ( $r=-0.59$ ,  $p<0.001$ ). We did not find a significant difference in depression according to the socio-demographic characteristics of the respondents or the clinical features of the disease.

**Conclusions:** It is clear that depression in patients with schizophrenia is associated with significant functional disability. Strategies to overcome the burden of depression may instil hope for functional recovery.

**Keywords:** schizophrenia; Depression; quality of life

## EPP1160

### Internalized stigma, depression and quality of life in schizophrenia

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**Introduction:** People with a schizophrenia experience higher levels of stigma.

**Objectives:** Our aim was to explore the relationship between internalized stigma, depression and quality of life (QoL) in these patients.

**Methods:** This is a cross-sectional and analytical study including 37 stabilized patients with schizophrenia or schizoaffective disorder followed up in the outpatient psychiatry department at Hedi Chaker hospital university of Sfax, between August and October 2019. The Internalized Stigma of Mental Illness scale (ISMI-29) was used to assess internalized stigma and its five dimensions. We used the Quality of Life Enjoyment and Satisfaction Questionnaire (Q-LES-Q-SF) to assess QoL and the Calgary Depression Scale (CDS) to evaluate depression.

**Results:** 73% of these patients were followed for schizophrenia and 27% for schizoaffective disorder. The global mean score of ISMI was 71.95. The mean scores of alienation, stereotype endorsement, perceived discrimination, social withdrawal and stigma resistance were 15.16, 16.54, 12.95, 15.65 and 11.38, respectively. The Q-LES-Q-SF mean score was 65.51. According to CDS, 18.9% of patients had depression with a mean score of 2.27. Internalized stigma scores (global and the five dimensions scores) were significantly and negatively associated with QoL enjoyment satisfaction score (respective  $p: p<0.001; p<0.001; p=0.004; p<0.001; p<0.001; p<0.001; p<0.001$ ). Global ISMI score and the four first dimensions scores were