

## EPP1225

**Quality of life assessment in patients with negative symptoms**

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**Introduction:** One or more negative symptoms are present in 57,6% of patients with schizophrenia spectrum disorder [Bobes et al, 2010]. These symptoms are responsible for impaired social functioning and have impact on the quality of life. There are no epidemiological studies that analyse the prevalence of negative symptoms and their impact on life quality in Lithuania.

**Objectives:** To evaluate the impact of negative symptoms on quality of life in patients with schizophrenia spectrum disorder.

**Methods:** Participants were 48 adults with schizophrenia (n=36) or schizoaffective disorders (n=12). All participants provided informed consent. All participants were administered a sociodemographic data form, Brief Psychiatric Rating Scale (BPRS), Mini-International Neuropsychiatric Interview (MINI). Negative symptoms were assessed by the Self-evaluation of Negative Symptoms (SNS). The Short-Form Health Survey (SF-36) was used to measure health-related quality of life.

**Results:** The results of SF-36 scales significantly correlated with SNS subscales. All SNS subscales correlated with general health result, vitality, social functioning and emotional well-being as well as in overall quality of life. Significant correlations were observed between the total scores of SNS and physical activity ( $r=-0,404$ ,  $p=0,004$ ), general health ( $r=-0,626$ ,  $p<0,001$ ), vitality ( $r=-0,683$ ,  $p=0,004$ ), social functioning ( $r=-0,53$ ,  $p<0,001$ ), role limitations ( $r=0,354$ ,  $p=0,014$ ), emotional well-being ( $r=-0,662$ ,  $p<0,001$ ) in SF-36 scales.

**Conclusions:** Negative symptoms of schizophrenia such as social withdrawal, diminished emotional range, alogia, avolition and anhedonia are associated with impaired quality of life. We found a strong relation between negative symptoms and quality of life, however further studies can support this point of view.

**Keywords:** negative symptoms; schizophrenia; SNS scale

## EPP1221

**Falling into a burning ring of fire: A case of psychosis unmasking hidden neurosyphilis**

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**Introduction:** The first description of syphilis was made in Europe around the year 1493, and although perceived as a disease relegated to its historical importance, recent studies demonstrate that the prevalence of these infections is on the rise. Spanning decades after initial infection, 30% of affected individuals without treatment may develop

tertiary syphilis, which includes neurosyphilis. Its notoriously “chameleon-like” presentation implies the necessity to not overlook neurosyphilis as a differential diagnosis in psychiatric settings.

**Objectives:** Case report study and discussion.

**Methods:** The authors present a case of affective and psychotic symptoms (including auditory and visual hallucinations and persecutory delusions) of rapid onset in a 61-year old woman without prior psychiatric history. A clinical investigation was conducted, which subsequently revealed a positive Venereal Disease Research Laboratories (VDRL) test. A lumbar puncture was performed and cerebrospinal fluid analysis confirmed neurosyphilis.

**Results:** Steady improvements in initial psychopathological manifestations were noted after completing recommended treatment for neurosyphilis. After discharge, the patient was medicated with an antidepressant and antipsychotic, demonstrating a complete return to baseline mentation and functionality on follow-up.

**Conclusions:** This case demonstrates the vital importance of considering syphilis in our differentials, especially due to the wide range of manifesting psychiatric symptoms. Although considered a disease of the past, this case reminds us that syphilis remains present in our society and its timely diagnosis and treatment can ameliorate the debilitating psychopathological manifestations of the disease. Due to the potential difficulties in identifying this great imitator, routine screening tests are still recommended in the psychiatric setting.

**Keywords:** psychosis; Neurosyphilis; differential diagnosis

## EPP1225

**Satisfaction of the quality of life in patients with schizophrenia**

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**Introduction:** Schizophrenia is a chronic mental disorder that has a significant impact on quality of life satisfaction in patients with schizophrenia.

**Objectives:** The objective of this study was to examine the impact of socio-demographic factors and psychotic symptoms on quality of life satisfaction in patients with schizophrenia.

**Methods:** Participants were outpatients of Hedi chaker University Hospital Center in sfax, Tunisia, recruited between January and July of 2019, diagnosed with schizophrenia or schizoaffective disorder. A Demographic questionnaire, the Positive and Negative Syndrome Scale (PANSS) and The Quality of life satisfaction and enjoyment Questionnaire (Q-LES-Q) were administered in this study.

**Results:** 50 patients were included in this study with an average age  $40,80 \pm 9,7$ . The majority of patients were single (72%), unemployed (60%), without medical heredity (80%) and living with their families (92%). The average score of the positive symptom scale (PANS) was 17.46 (SD = 9.1), the negative symptom scale (PANS) was 12.35 (SD = 7.4) and the psychopathological scale (PANS) was 27.83 (SD = 14.7). the higher the score of the positive symptom scales ( $p < 10^{-3}$ ) the negative scale score ( $p < 0.002$ ) and the

psychopathological scale ( $p < 0.001$ ) was high, more the quality of life satisfaction score has been altered.

**Conclusions:** Improving the quality of life satisfaction of these patients through these different parameters could be a goal of care complementary to the objectives of traditional care.

**Keywords:** quality; schizophrenia; satisfaction

**EPP1226**

**Correlation profiles between interoception and exteroception in psychotic patients versus healthy controls**

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**Introduction:** Individual abilities to perceive internal and external sensations are defined respectively as interoception and exteroception: the dysregulation of these functions can explain many psychotic symptoms. (Ardizzi et al. 2016)

**Objectives:** We evaluated the differences in the interoceptive and exteroceptive perception between 39 patients with psychosis and 250 healthy controls using self-administered questionnaires. The association between interoception and exteroception in the two groups was also tested.

**Methods:** The tests we used are AASP (Adolescent / Adult Sensory Profile) and MAIA (Multidimensional Assessment of Interoceptive Awareness). Differences were measured with t-tests, associations with spearman's correlation.

**Results:** Significant differences emerged between the two samples in the AASP total score and in its Low registration (LR) and Sensory Avoiding (SA) sub-scales and in the MAIA total score and in all its sub-scales except "Not Worrying" (Fig.1). Different patterns of associations between AASP and MAIA were observed: psychotic patients showed negative correlations between MAIA and AASP in the LR and Sensation Seeking (SS) sub-scales and in the auditory (AU) and tactile (TO) sensory channels. Healthy controls, positive correlations emerged between MAIA and AASP in the Sensation Seeking (SK) sub-scale and in the "perception of movement" (MO) sub-score (Fig.2)(Fig.3).

		Mean Difference	Sig. (2-tailed)
AASP	SP_TOT	-13,401	0,001
	SP_LR	-4,960	0,000
	SP_SK	-0,788	0,591
	SP_SS	-1,942	0,260
	SP_SA	-5,302	0,000
	Total	-0,536	0,000
MAIA	Noticing	-0,666	0,001
	Not distracting	-0,356	0,029
	Not worrying	-0,174	0,272
	Attention Regulation	-0,465	0,005
	Emotional Awareness	-0,563	0,003
	Self Regulation	-0,599	0,001
	Body Listening	-0,919	0,000
	Trusting	-0,549	0,005

Figure 1\_ Mean differences Healthy controls vs Psychotic patients

		MAIA					
		Total	Noticing	Attention regulation	Emotional awareness	Self regulation	Body listening
		Healthy controls					
AASP	SP_SK	0,351	0,253	0,191	0,257	0,384	0,322
	SP_MO	0,254	0,274		0,285		0,239
	Psychotic patients						
	SP_LR	-0,479	-0,553	-0,508	-0,353		-0,404
	SP_SS	-0,347	-0,322	-0,461			
	SP_TO	-0,334	-0,478	-0,435			
SP_AU	-0,411	-0,364	-0,461			-0,371	

Figure 2\_ Correlation between AASP and MAIA

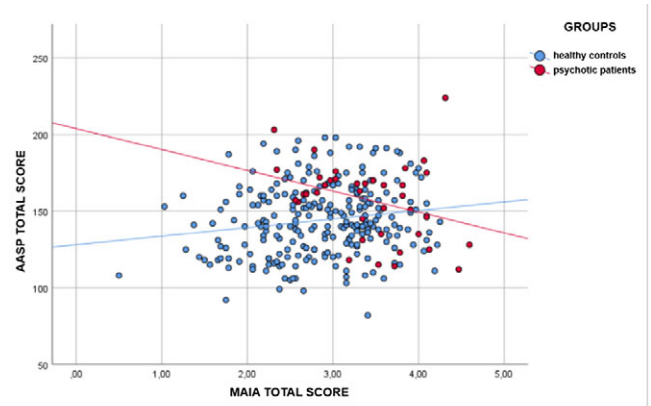


Figure 3\_ Group scatter of AASP total score by MAIA total score by groups

**Conclusions:** Higher scores of psychotic patients in AASP and MAIA reveal both a dysregulated sensory related behavior and a heightened awareness towards internal stimuli. The negative correlation between the two scales in psychotic subjects highlights the importance of the interaction between internal and external perception in determining the global subjective experience.

**Keywords:** psychosis; sensory profile; Interoceptive Awareness; psychopathology

**EPP1228**

**Psychosocial characteristics influence the duration of hospitalization in patients with psychotic disorders.**

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**Introduction:** Schizophrenia spectrum disorders are related with prolonged stay in hospital and high cost for treating them. As a consequence, the determination of the factors that affect the duration of hospitalization is essential.

**Objectives:** The purpose of the study is the determination of the psychosocial characteristics of inpatients in a public psychiatric hospital and their association with the duration of hospitalization.