awareness of the insight paradox given the complex and dynamic relationships between clinical insight and suicide thoughts and behaviors.

**Keywords:** insight; Suicide ideation; psychosis; Depression

## EPP1202

## Metacognition, symptoms and general functioning in patients with schizophrenia

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**Introduction:** Poorer metacognitive abilities are recognized as strong predictors of social functioning deficits in individuals with schizophrenia.
**Objectives:** The aim of the current study is to examine metacognitive functioning in people with schizophrenia and to explore correlations between metacognition, symptoms and general functioning.
**Methods:** It was a cross-sectional study involving outpatients diagnosed with schizophrenia and followed in the psychiatry "C" department at Hedi Chaker university Hospital, in Sfax -Tunisia, between may and december 2018. Sociodemographic, clinical and therapeutic data were measured using self-reported questionnaires, and metacognition was assessed with the Metacognition Assessment Scale – Abbreviated version (MAS-A). The general functioning was measured with The Global Assessment of Functioning (GAF).
**Results:** A total of 74 participants participated in the study. The average age was 34.1 $\pm$ 11.8 years and the sex-ratio was 1.6. The average score of global assessment of functioning was 49.39$\pm$10. Means and standard deviations on MAS scores were as follows: self-reflectivity 4.18 (1.46), understanding of others' minds 3.20 (1.06), decentration 2.5 (1.8), mastery 2.54 (1.85), and the MAS total scores 12.42 (6.17). The results indicate that poor social functioning is associated with metacognitive difficulties ($r=0.27$, $p<10^{-3}$). Greater metacognition was significantly correlated with fewer negative symptoms ($r= -0.62$, $p<10^{-3}$), but metacognition was not significantly correlated with positive psychotic symptoms, cognitive disorganisation, excitement or emotional distress
**Conclusions:** These findings underscore the importance of interventions designed to enhance the patients' metacognitive capacities, that is, the more proximal capacities linked to poorer social functioning.

**Keywords:** General function; metacognition; schizophrénia; Symptoms

## EPP1203

## Green space and schizophrenia: A review

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**Introduction:** Urban living has consistently been associated with higher risk of developing schizophrenia when compared to rural living. Exposure to green space has been associated with better mental health outcomes and, more recently, childhood exposure to green space has been linked with lower rates of schizophrenia. The reasons for these findings remain unknown, although lower levels of pollution and psychological factors may play a role.
**Objectives:** We aim to review the literature regarding exposure to green space and its relationship with the risk of developing schizophrenia.
**Methods:** We performed an updated review in the PubMed database using the terms "green space" and "schizophrenia". The included articles were selected by title and abstract.
**Results:** Growing up surrounded by non-urban environments is associated with lower schizophrenia rates. Upbringing in urban areas is associated with higher schizophrenia rates when compared with non-built-up areas. Schizophrenia risk seems to decrease with vegetation density in a dose-response relationship for urban and agricultural areas. Risk of schizophrenia has been found to be associated additively with green space exposure and genetic liability. No evidence for gene-environment interaction has been reported so far in this regard.
**Conclusions:** Exposure to green space during childhood appears to lower the risk of developing schizophrenia later in life and can be a preventive strategy. Further research in this area is needed.

**Keywords:** schizophrénia; Green space

## EPP1204

## Predictors of poor adherence in schizophrenia

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**Introduction:** Schizophrenia is a chronic mental disorder that requires long-term treatment. Non-adherence to antipsychotics is common and associated with poor outcomes.
**Objectives:** Our study is aimed to describe the therapeutic adherence and to identify the factors associated with poor adherence among schizophrenic patients.
**Methods:** This was a cross-sectional study conducted at psychiatry consultation of the university medical center of Mahdia, Tunisia. Data collection occurred between the months of January and March 2018, including patients suffering from schizophrenia. The evaluation of adherence was performed using the MARS scale (Medication Adherence Rating Scale).
**Results:** In our sample of 131 schizophrenic patients, there is a male predominance (76%), as well as unmarried status (58.7%), unemployed (72%). The rate of non compliance treatment was 73%. Low levels of education, poor insight and polytherapy were associated to poor adherence. Although patients aged more than 40 years, who were married and diagnosed with undifferentiated schizophrenia were good compliant to treatment ($p<0.05$).
**Conclusions:** We suggest a proper treatment strategy for each patient based on the identification of non adherence risk factors.

**Keywords:** Schizophrenia; Antipsychotic drugs; Adherence; Non-adherence