EPV0939

Somatic comorbidities in patients with schizophrenia

N. Boussaid[1], M. Turki[2], M. Barkallah[1]*, A. Labyadh[1], N. Halouani[1], S. Ellouze[1] and J. Aloulou[1]

[1]psychiatrie B and [2]psychiatrie, CHU hedi Chaker, Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1534

Introduction: Patients with schizophrenia have shown a high mortality rate, and life expectancy is shortened by 10-20 years. This seems to be mainly caused by metabolic and cardiovascular diseases. Several risk factors are identified, including sedentary lifestyle, poor diet, low socioeconomic status, cognitive dysfunction, and antipsychotics iatrogenicity.
Objectives: We aimed to explore somatic pathologies reported in patients with schizophrenia, and to assess risk factors predisposing to these impairments.
Methods: We conducted a retrospective descriptive and analytical study, based on clinical and psychiatric observations of 60 patients with schizophrenia, hospitalized in psychiatry "B" department, Hedi Chaker university hospital (Sfax, Tunisia), during the period between 2015 and 2017.
Results: Among our patients, 38.3% suffered from somatic comorbidities: diabetes (21.7%), hypertension (15%), coronary disease (15%), hyperlipidaemia (15%), respiratory diseases (6.7%).
Tobacco consumption was reported in 53.3% of patients. It was significantly associated with the occurrence of cardiovascular diseases (p=0.036). Alcohol abuse was noted in 16.7%, while obesity was reported in 6.7% of patients.
Significant associations were found between obesity and diabetes (p=0.001), and between organic diseases and cognitive disorganisation (p=0.022). Somatic comorbidities were more frequent in patients with low socio-economic level (p=0.015).
Among our patients, 83.3% were treated with conventional antipsychotics while 38.3% were treated with atypical antipsychotics (AAP). We showed that AAP were associated with the occurrence of organic diseases (p=0.037).
Conclusions: Physical health of patients with schizophrenia requires a serious attention. Coordinated care between psychiatrists and other healthcare professionals should monitor the physical health of these patients to prevent a premature death.

Disclosure of Interest: None Declared

EPV0944

Sexual activity and sexual dysfunction in patients with schizophrenia at the Arrazi psychiatric hospital in Salé

N. Ait Bensaid*, Y. Bensalah, H. Boukidi and F. El Omari

Psychiatric hospital Arrazi, salé, Morocco
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1535

Introduction: Sexuality is a natural component of human behavior. Sexual health is "a physical, emotional, mental and social state related to sexuality; it is not merely the absence of disease, dysfunction or infirmity. Sexual dysfunction and poor quality of sex life are common in patients with schizophrenia. The prevalence of sexual dysfunction is higher in people with mental disorders, and may be related to psychopathology and pharmacotherapy.
Objectives: Evaluate sexual activity, sexual dysfunction and its consequences in patients with schizophrenia followed and hospitalized in the various structures of the Arrazi psychiatric hospital in Salé.
Methods: This is a descriptive cross-sectional study using a questionnaire including sociodemographic and clinical criteria, data on sexual behavior and the Arizona Sexual Experience Scale (ASEX) to assess sexual activity, sexual dysfunction and its consequences in patients with schizophrenia followed and hospitalized in the various structures of the Arrazi psychiatric hospital in Salé. Inclusion criteria: patients of both sexes diagnosed with schizophrenia according to DSM 5 criteria, age greater than or equal to 20 years. Exclusion criteria: intellectual disability, general medical condition known to cause sexual dysfunction (diabetes mellitus, history of vascular accident, congestive heart failure, unstable heart condition, arrhythmia or myocardial infarction in the last six months).
Results: We collected 157 participants. 81% of the participants were men, 67% of whom had left school at college. The majority of patients were born in the city. 85% were unemployed. 89% were heterosexual and 77% were single. 92% smoked cigarettes. 66% had schizophrenia for more than 5 years with 55% having poor adherence to antipsychotics with around 65% on atypical antipsychotics. Around 42% reported currently having sexual relations. 56% of participants had sexual dysfunction, and 67% were dissatisfied with the quality of their sexual relations.
Conclusions: Sexual dysfunction is prevalent in schizophrenic patients, and these problems can be linked to both the illness and its treatment. Sexual dysfunction is also an important factor in therapeutic compliance, which is strongly influenced by the side effects of antipsychotics. It is therefore necessary to know more about the sexual side-effects of medication on patients, and doctors should also systematically ask patients about their sexual history before prescribing psychotropic drugs.

Disclosure of Interest: None Declared

EPV0945

Improving the Sexual Wellbeing of Patients with Psychotic Illness

N. Stanton*, E. Angova and K. Diamantopoulos

General Adult Psychiatry, Central & North West London NHS Foundation Trust, London, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1536

Introduction: Sexual dysfunction (SD) is common in psychotic illness including schizophrenia, occurring in 30-82% of patients. It negatively impacts wellbeing and antipsychotic compliance, resulting in higher risk of relapse and hospitalisation. Due to over-reliance on spontaneous reports from patients, SD is typically under-identified which prevents investigation and treatment.
Objectives: To establish whether SD is under-identified in patients with psychosis in a general adult community mental health team; to elicit whether the Arizona Sexual Experience Scale (ASEX)

https://doi.org/10.1192/j.eurpsy.2024.1534 Published online by Cambridge University Press