Introduction: Suicide is a health concern among individuals diagnosed with schizophrenia. Telehealth technology has become an emerging intervention that may afford opportunities for reaching this at-risk group. Consideration of the implementation of telehealth systems in the treatment of patients diagnosed with schizophrenia and suicidal behavior calls for a review of the evidence.
Objectives: The present aim was to explore the literature on the effectiveness of suicide prevention telephone delivered interventions among patients with schizophrenia and related disorders.
Methods: The bibliographic search was performed in the electronic databases PubMed, PsycInfo, Scopus, and Web of Science following PRISMA guidelines. Two reviewers independently conduct screenings, data extraction and methodological quality assessment. A total of 352 articles were retrieved, of which five studies met the eligibility criteria.
Results: Based on the limited data available, the use of modalities involving telephone contacts appears to be feasible in patients with schizophrenia and suicidal behaviors. In addition, preliminary evidence suggests this system appears to reduce suicidal ideation.
Conclusions: The current data presented here reflect an early stage of effectiveness of telephone-delivered interventions targeted at suicide prevention in patients with schizophrenia. Further research is needed to design evidence-based future interventions and to determine whether this approach can improve patient outcomes.
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Keywords: schizophrenia, suicide, telehealth, monitoring.

Disclosure of Interest: None Declared

EPP0904

Individual psychotherapy may help to reduce suicidal ideation in first episode psychosis: results from a 2-year Italian follow-up study

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Introduction: Suicidal thinking is relevant in patients with First Episode Psychosis (FEP). However, longitudinal studies specifically examining treatment response for suicidal ideation in FEP are still relatively scarce, especially with long-term design and in real-world clinical settings.
Objectives: The aims of this research were (A) to longitudinally assess suicidal thoughts in people with FEP along a 2-year follow-up period and (B) to overtime investigate any significant association of suicidal ideation levels with the specific treatment components of an 'Early Intervention in Psychosis' (EIP) protocol along the 2 years of follow-up.
Methods: At entry, 232 FEP participants (aged 12–35 years) completed the Brief Psychiatric Rating Scale (BPRS), including a 'Suicidality' item subscore. Multiple linear regression analysis was then performed.
Results: Across the follow-up, FEP subjects showed a relevant decrease in suicidal thinking levels overtime. This was specifically predicted by the total number of individual psychotherapy sessions offered within the 2-year EIP protocol and antidepressant dose (at least as regards the first year of our intervention).
Image:

Variable	T0	T1	T2	z (T0-T1)	z (T0-T2)	z (T1-T2)
BPRS 'Suicidality' item 4 scores	2 (1-3)	1 (1-2)	1 (1-2)	−6.98*	−6.08*	−2.74**

T0-T1 Delta BPRS 'Suicidality' item 4 score	B	SE	95% CI for B Lower	upper	β	p	R^2 = 0.130 $F_{(df = 8)}$ = 4.138 p = 0.001
Constant	−0.148	0.219	−0.580	0.285	-	0.502	
T0 equivalent dose of chlorpromazine (mg/day)	0.021	0.030	−0.038	0.081	0.045	0.481	
T0 equivalent dose of fluoxetine (mg/day)	0.001	0.003	−0.005	0.006	0.016	0.805	
T1 equivalent dose of chlorpromazine (mg/day)	0.005	0.003	−0.002	0.011	0.094	0.143	
T1 equivalent dose of fluoxetine (mg/day)	0.006	0.002	0.001	0.010	0.161	**0.015**	
T1 number of individual psychotherapy sessions	0.037	0.010	0.016	0.057	0.244	**0.001**	
T1 number of psychoeducational sessions for family members	0.011	0.017	−0.023	0.044	0.045	0.530	
T1 number of case management sessions	0.003	0.005	−0.006	0.012	0.043	0.519	
DUP (in months)	0.005	0.011	−0.017	0.026	0.027	0.677	

T0-T2 Delta BPRS 'Suicidality' item 4 score	B	SE	95% CI for B Lower	upper	β	p	R^2 = 0.101 $F_{(df = 10)}$ = 2.035 p = 0.044
Constant	−1.162	0.750	−2.642	0.319	-	0.123	
T0 equivalent dose of chlorpromazine (mg/day)	0.035	0.100	−0.162	0.231	0.027	0.729	
T0 equivalent dose of fluoxetine (mg/day)	0.008	0.015	−0.021	0.038	0.047	0.569	
T1 equivalent dose of chlorpromazine (mg/day)	0.004	0.009	−0.014	0.021	0.033	0.680	
T1 equivalent dose of fluoxetine (mg/day)	−0.003	0.008	−0.019	0.013	−0.034	0.695	
T2 equivalent dose of chlorpromazine (mg/day)	0.030	0.032	−0.034	0.094	0.071	0.358	
T2 equivalent dose of fluoxetine (mg/day)	0.006	0.008	−0.009	0.022	0.067	0.432	
T2 number of individual psychotherapy sessions	0.042	0.021	0.001	0.083	0.169	**0.044**	
T2 number of psychoeducational sessions for family members	−0.017	0.038	−0.091	0.057	−0.039	0.650	
T2 number of case management sessions	0.006	0.008	−0.010	0.022	0.062	0.455	
DUP (in months)	0.038	0.035	−0.031	0.108	0.084	0.274	

Note: Median (and interquartile range) and Wilcoxon test (z) values are also reported. Statistically significant p values are in bold.
Abbreviations: β, standardized regression coefficient; B, regression coefficient; BPRS, Brief Psychiatric Rating Scale; df, degrees of freedom; DUP, duration of untreated psychosis; F, statistic test value for linear regression; FEP, first-episode psychosis; p, statistical significance; Pr-EP, Parma-Early Psychosis Program; R^2, R-squared or coefficient of determination; SE, standard error; T0, baseline; T1, 1-year assessment time; T2, 2-year assessment time; 95% CI = 95% confident intervals for B.
*$p < 0.001$.
**$p < 0.01$.

Conclusions: Suicidal ideation is clinically relevant in FEP but seems to improve overtime together with the provision of specific, patient-tailored and integrated EIP treatments, especially individual psychotherapy.

Disclosure of Interest: None Declared

Addictive Disorders 05

EPP0906

Cannabis and cognitive deficiency: a descriptive study

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Introduction: Cannabis is the most widely used illicit drug; 3.8% of the world's population consumes cannabis on a regular basis.

Cannabis use–associated alterations in the domain of cognition have been extensively studied.
Objectives: To research memory deficiency in the young consumers of cannabis in Tunisia.
Methods: This is a transversal descriptive study conducted during two months (January and February 2022). The research involved about 137 participants aged between 18 and 35 years old, exhaustively recruited amid emergency patients of Mahdia Hospital regardless of the reason for their health care seeking. The patients were declared as consumers of cannabis and accepted to be part of this study. Therefore, Data were collected on a pre-determined data sheet that included various information (age, sex, lifestyle, personal and family psychiatric history, age when first used cannabis and the rate of cannabis use …).
Principally, a Functional Impact Assessment (ERF: French abbreviation for *échelle d'évaluation des Répercussions Fonctionnelles*) scale was used to assess and review working memory.
Results: In our study population, there was a noticeable male predominance of 71%. Hence, the age structure ranged between 18 years old and 35 years old. Among the latters, 65.9% were single, and 29.7% experienced school failure. In this sample, 23.2% had a psychiatric history like depression, bipolarity, etc. The average age of the first use of cannabis was between 18 and 25 years old in 70% of cases.
Besides, a high percentage of association of other substances was found among cannabis users as follows: use of alcohol 72.5%, tobacco 74.6%, ecstasy 41.3%, and cocaine 25.4%. First and foremost, the use of cannabis was considered as a means of indulgence for 66.7% of the study population, as an anxiolytic for 26.8%, and as a sedative for 23.9%.
Additionally, the effect of cannabis use on working memory deficiency according to the functional impact assessment scale was: no deficiency in 19% of cannabis users, minimal in 34%, mild in 32%, moderate in 9%, fairly severe in 4%, very severe in 1%, and extreme in 1% of cases.
More importantly, the percentage of consumers with significant memory deficiency (moderate to extreme) was 15%.
Conclusions: The assumption of the effect of cannabis on memory and cognitive deficiency remains controversial and leads us to suggest further in-depth study of this subject.

Disclosure of Interest: None Declared

EPP0907

Risk factors for addictive disorders in life history interviews

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Introduction: There are multifactorial pathologies in the development of addictive disorders, such as psychosocial factors, genetic and biological factors, as well as their interaction. In line with this, psychological research focuses on the abusive environment and its impact, where the developmental psychopathological analysis of addictive disorders is of paramount importance, since it examines the causes of the disease with the involvement of several disciplines.
Objectives: In our research, we studied the risk factors leading to the development of addictive disorders through the lifetime histories of those who recovered from this disorder. Our goal was to point to the common factors that emerged in the interview narratives in the development of addictions. Furthermore, we revealed risk factors that affected the psychological processes influencing both personal and social functioning.
Methods: We processed semi-structured interview materials from 12 adult patients who were previously treated for addictive disorder but were substance-free for more than 4 years. Distinguishable phenomena with guided questions emerged: peak experiences, lows, turning points, and first psychoactive substance use. The interviews distinguished childhood, adolescence and adulthood, as well as the best and worst substance use experiences.
Results: Emotion regulation difficulties and low self-esteem emerged as dysfunctionality in most of the interviews. Without exception, the good effects of substance use appeared in the life stories, and led to the development of addictive disorder. In retrospective narratives, it is decisive and points toward recovery from the bad effects of the drug decisive presence. The narratives showed a change in the overall pattern, when self-control, performance, empowerment appeared. The road to recovery in the narratives led from illness to the pursuit of good emotion regulation and the strengthening of self-esteem.
A common narrative thread mostly showed a V-shape, which, unlike previous models, is a dynamic model. This new finding sheds light on the possibility of a recovery-centered model in adult population with addictive disorder.
Conclusions: Disturbances in emotion regulation and low self-esteem could be experienced as early as in adolescence, correctly recognizing the risk factors of addiction. Therefore, prevention can be applied. In addition to the qualitative studies, it is also necessary to measure the risk factors by quantitative method, which can confirm the results.
We need to be mindful of the different characteristics of disease- and recovery-oriented narratives, which may differ due to various life history experiences.

Disclosure of Interest: None Declared

EPP0908

Person-centered approach to work with drug addicts on substitution maintenance therapy

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Introduction: According to the United Nations World Drug Report 2019, there are an estimated 53 million opioid users[1]. Health problems, social problems associated with this abuse are the result of a complex interaction between psychoactive substances,