Methods: Observation of the patient and consultation the clinical file. Non-systematic literature review on catatonia, clozapine, side effects associated with rapid discontinuation and respective treatment.
Results: 34-year-old man, with the diagnosis of Schizoaffective Disorder. Admitted due to an acute decompensation with psychotic symptoms resistant to treatment requiring the introduction of clozapine. In the absence of a clinical response, clozapine was suspended, with the consequent appearance of catatonia resistant to benzodiazepines in high doses.
Conclusions: Its already well established that the abrupt discontinuation of clozapine can trigger catatonia. This clinical case and literature review suits to emphasize the importance of educating psychiatrists on the adverse effects of psychiatric drugs and, in this case, the cautious discontinuation of clozapine in order to avoid its rebound effects.

Keywords: abrupt interruption of clozapine; rebound effects; Catatonia; clozapine

EPP1254

The factors associated with subjective cognitive complaints in schizophrenia

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Introduction: Schizophrenia (SKZ) is a chronic, disabling and incapacitating psychiatric disorder. In addition to the traditional symptomes of schizophrenia, the suffering of this patients can be expressed through a set of cognitive complaints
Objectives: To determe the factors associated with subjective cognitive complaints in schizophrenia
Methods: We conducted a cross-sectional descriptive and analytical study among a sample of of 72 patients followed in psychiatric outpatient of Hefi chaker university hospital in sfax. We used the SSTIC scale to determine subjectif complains ans the PANSS to evalue positif and negatif symptomes
Results: The mean age of our popularion was 46.83± 11.6 years. The patients had a low socio-economic level in 70.1%. They were unemployed in 46.9%, consumed alcohol in 23.6% and consumed tobacco in 58,6% of the cases. the total score on the PANSS scale was 46, distributed as follows: 9 for positive symptoms, 17 for negative symptoms and 22 for total psychopathological assessment. They had an average score of 25 on the total SSTICS score Factors significantly correlated with subjective cognitive complaints were: low socio-economic level (p=0.04), lack of occupation (p=0.001), alcoholism (p=0.001), smoking (p=0.01) and presence of negative symptoms (p=0.00).
Conclusions: This study demonstrates that socio-demographic characteristics and the predominance of negative signs may increase the subjectif cognitif complains in schizophrenia. The recognition of these associations by the psychiatrist can have an important implication in the therapeutic management.

Keywords: cognitif; subjectif; complains; schizophrénia

EPP1255

Quality of life in patients with schizophrenia

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Introduction: Schizophrenia, with its high prevalence, chronic progression and social impact, is a major challenge for health professionals. For this reason it is important to assess the impact of this disease on these patients, mainly on their quality of life.
Objectives: To study the quality of life in patients with schizophrenia and determine the factors correlated with it.
Methods: A cross-sectional, descriptive and analytical study of 28 patients with schizophrenia followed up at the psychiatric consultation in Hédi Chaker University Hospital of Sfax. Data collection was performed using a sheet exploring socio-demographic and clinical data. We used the Quality of Life Scale (Q-LES-Q-SF).
Results: The average age of our patients was 40.61±6.27 years. The sex ratio (M/F) was1.15. The socioeconomic level was low in 71.4%. The average number of relapses was 3.04±1.4. Follow-up and compliance were good in 28.6% of cases. The average number of hospitalizations was 3.04±1.4. The average of quality of life in patients with schizophrenia was 21±5.74. The quality of life was affected with age (p=0.023), with the high number of relapses and with a higher number of hospitalizations in psychiatric hospital (p=0.008). Quality of life was improved with regular follow-up and good adherence to the treatment (p=0.000).
Conclusions: The quality of life in mental disorders was impaired mainly in schizophrenics, hence the need to evaluate in a codified way the quality of life of our patients in order to raise awareness among general practitioners as well as psychiatrists to improve the therapeutic and social care of patients.

Keywords: schizophrénia; quality of life

EPP1259

First-rank symptoms: Past, present and future

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Introduction: Conceptualising Schneider's first-rank symptoms (FRS) as a diagnostic test whose performance can be measured in terms of sensitivity and specificity involves some issues that require reflection. The first formal proposal was contained in a 1939 monograph Schneider wrote, but little is known of their prehistory. In recent years there has been renewed interest in their clinical value.
Objectives: This work aims to review the the diagnostic the evolution and diagnostic accuracy of FRS.

Methods: A non-systematic review was performed, searching Pubmed/MEDLINE for articles using the keywords "schizophrenia" and "first rank symptoms".
Results: From the beginning of Western descriptive psychopathology in the early 19th century, symptoms have been observed later described as first-rank by Schneider. When FRS are conceived as simple clinical indicators at a low level of inference, the results of the meta-analytic estimate of their diagnostic accuracy can be considered as a valid appraisal of their performance and usefulness. However, when FRS are conceptualised from a psychopathological perspective as strange and incomprehensible experiences that cannot be reduced merely to their propositional content and require substantial expertise and skill to be properly evaluated, the meta-analytic estimates can hardly be seen as a valid evaluation of their diagnostic significance, considering that some FRS are extremely difficult to assess properly.
Conclusions: The descriptions of these symptoms present substantial temporal and geographical continuity, over two centuries and in many countries. There is contradictory information concerning the validity of FRS as a clinical indicator. Phenomenologically informed studies are needed to address this research gap.

Keywords: schizophrénia; first rank symptoms

Sexual medicine and mental health

EPP1260

The effects of the age of male early life circumcision on sexual functions later in life

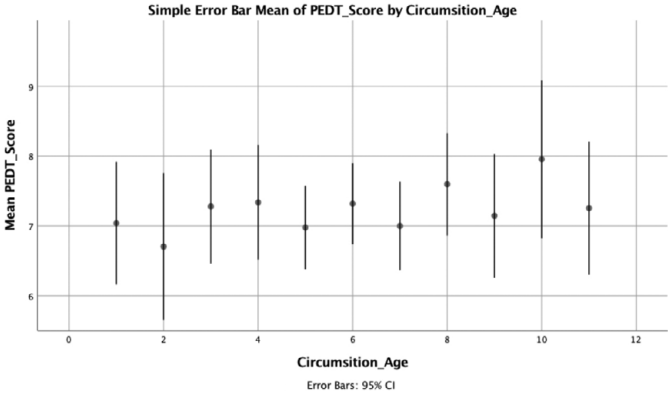
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Introduction: According to psychoanalytic theory performing circumcision on a boy in phallic phase may aggravate this fear and cause sexual dysfunctions later in life. However this hypothesis is an unverified common-view rather than a scientifically proven conclusion.
Objectives: We hypothesized that being circumcised during phallic phase is not a risk factor for sexual dysfunction. We also took a peak at how the experience of circumcision is being perceived and its psychological effects. Our secondary hypothesis was, sexual dysfunctions are more frequent among men who had a traumatic circumcision experience.
Methods: For this cross-sectional study, a total of 2768 sexually active, circumcised and voluntary men were recruited from 20 different urology outpatient clinics around Turkey.
Results: There was no significant difference for PEDT and IIEF scores between participants who were circumcised at different ages (Graph-1,2). When participants were divided into 3 groups according to their circumcision age in accordance with psychoanalytic theory (before, after and during phallic phase) mean IIEF and PEDT scores did not differ. PEDT scores did not differ either by which emotion the participant describe their experience of circumcision or how vividly he remembered it. However participants who remembered their circumcision experience more vividly and had who describe their circumcision experience with fear/anxiety had a higher IIEF score (Graph-3).

Graph-1. Simple Error Bar of Mean PEDT Scores At Each Age of Circumcision



Graph-2. Simple Error Bar of Mean PEDT Scores At Each Age of Circumcision

