Conclusions: Comprehensive clinical and sociodemographic profiling of individuals with treatment-resistant schizophrenia is essential for enhancing clinical outcomes and tailoring treatment strategies. This approach allows clinicians to better understand the unique challenges these patients face, enabling the development of more targeted and effective interventions to improve their quality of life.

Disclosure of Interest: None Declared

EPV1821

Gender differences in clinical presentation and therapeutic response in schizophrenia

S. Ben Aissa[1]*, K. Razki[1], C. Najar[1], A. Larnaout[1] and W. Melki[1]
[1]Psychiatry, Razi hospital, Manouba, Tunisia
*Corresponding author.
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Introduction: Schizophrenia is a multifaceted psychiatric disorder characterized by disturbances in thinking, emotions, and behavior. It exhibits a diverse spectrum of clinical presentations influenced by various factors, among which gender plays a significant role.
Objectives: To determine the differences in clinical profile and therapeutic response among schizophrenia patients according to gender.
Methods: We conducted a descriptive, cross-sectional, comparative study over a three-month period from January to March 2024, among patients in the post-care service of Psychiatry Department D at Razi Hospital diagnosed with schizophrenia based on DSM-5 criteria. Sociodemographic and clinical data were initially collected from patients' medical records and then verified and supplemented during direct interviews using a pre-established information sheet. The Positive and Negative Syndrome Scale (PANSS) was used to assess symptom severity in participants.
Results: We enrolled 80 participants, of whom 50 were male (62.5%) and 30 were female (37.5%). The mean age of participants was 42.5 years. Men had higher mean scores on the positive symptoms subscale (75.6±12.05) and negative symptoms subscale (64.8±8.69), while women had higher mean scores on the general symptoms subscale (69.3±15.86). Male patients exhibited a higher prevalence of auditory hallucinations (80%) compared to women (55%), with a statistically significant difference ($\chi^2 = 4.32$, $p < 10\text{-}3$). Similarly, a higher prevalence of delusional ideas (72%) was observed in men compared to women (45%), also statistically significant ($\chi^2 = 5.87$, $p = 0.02$). Regarding therapeutic response, men showed a statistically more significant improvement in positive symptoms like hallucinations and delusional ideas, with an average reduction of 15 points on the PANSS scale compared to 10 points in women ($p = 0.02$). Conversely, women demonstrated a more favorable response to negative symptoms such as social withdrawal and apathy, with an average reduction of 12 points on the PANSS negative symptoms subscale compared to 8 points in men ($p = 0.04$).
Conclusions: The observed differences in clinical profiles and therapeutic responses between male and female patients underscore the necessity for tailored treatment approaches aimed at optimizing outcomes and enhancing patient care.

Disclosure of Interest: None Declared

EPV1822

Exploring Suicide Risk Factors in Schizophrenia: A Retrospective Study

S. Ben Aissa[1]*, K. Razki[1], C. Najar[1], A. Larnaout[1] and W. Melki[1]
[1]Psychiatry, Razi hospital, Manouba, Tunisia
*Corresponding author.
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Introduction: Suicide is a significant concern among individuals with schizophrenia, yet it often receives insufficient attention in clinical settings. Understanding the specific risk factors associated with suicide in this population is critical for implementing targeted and effective prevention strategies, enhancing patient care, and ultimately reducing this substantial risk.
Objectives: To identify suicide risk factors within a population of patients with schizophrenia.
Methods: This was a descriptive retrospective study conducted at the Psychiatry Department D of Razi Hospital in Tunisia. Clinical records of patients diagnosed with schizophrenia according to DSM-5 criteria, aged over 18 years, without substance-related disorders or somatic pathology explaining psychiatric symptoms, were reviewed. Patients were followed in the department for ten years (2013-2023) and identified as having at least one suicide attempt during their follow-up. Data collected included sociodemographic information (age, education level, residence, socioeconomic status, marital status, offspring, profession) and clinical details (number and nature of suicide attempts, clinical scores at the time of suicide attempt using PANSS and CDS scales, current antipsychotic treatment, family history of suicide and psychosis, and treatment adherence).
Results: We collected data from 60 patients, with a mean age of 42 ± 12.02 years; 66% (n=40) were male. Regarding education and employment, 60% (n=36) had primary education, and 55% (n=33) were employed. 65% (n=39) were unmarried, and 80% (n=48) had a low socioeconomic status. The average number of suicide attempts per patient was 3.52 ± 1.02, with the most common methods being medication ingestion (60%) and strangulation (20%). Approximately 70% (n=42) of patients had a family history of mental disorders, and 40% (n=24) had a family history of suicide. During suicide attempts, mean scores on PANSS-positive, PANSS-negative, and CDS subscales were 25.4 ± 4.7, 18.6 ± 3.2, and 12.8 ± 2.5, respectively.
We found that male gender (p=0.03; OR=3.33; 95% CI [1.12 - 9.89]), low socioeconomic status (p=0.002; OR=2.25; 95% CI [1.04 - 4.86]), family history of suicide (p=0.04; OR=2.90; 95% CI [1.15 - 7.32]), high PANSS-positive scores (p=0.0019; OR=1.98; 95% CI [1.42 - 3.51]), and high CDS scores (p=0.005; OR=2.50; 95% CI [1.32 - 4.72]) were suicide risk factors in our study participants.
Conclusions: The identified factors, including male gender, low socioeconomic status, family history of suicide, and elevated clinical symptomatology, highlight specific areas that warrant focused attention when evaluating and managing patients with schizophrenia.

Disclosure of Interest: None Declared

EPV1823

Main indications of clozapine in clinical practice: A literature review

P. Rivero Rodriguez[1]*, M. Martinez Grimal[1], J. J. Tascón Cervera[1], A. M. Morales Rivero[1] and F. A. Rodriguez Batista[1]