than 4 months. Half of them (8%) had disharmonious development. Most had significant hearing loss.
Conclusions: given that each group included children with significant hearing loss and deafness, it became obvious that their psychomotor development level is independent of their hearing status. The identified risks of sensory impairments combined with a pronounced delay in psychomotor development in the first year of life necessitate a search for markers of these disorders, and above all, factors and conditions that affect their manifestation and the dynamics of psychomotor development in children in the first year of life; presumably, this may be the child's social environment.

Disclosure of Interest: None Declared

EPP515

A program to reduce self-stigma in patients with endogenous psychiatric disorders

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Introduction: Stigmatization and self-stigmatization remains an actual problem for patients with endogenous mental illnesses, as it is an obstacle to seeking psychiatric help. Taking this into account, it is necessary to develop effective psychosocial interventions aimed at reducing self-stigmatization and improving patients' integration into society.
Objectives: To identify the features of self-stigmatization in patients with schizophrenic spectrum disorders and, taking into account these features, to develop a program to reduce it.
Methods: 30 patients with schizophrenic spectrum disorders (F20, F23, F25 according to ICD-10) were included in the study. The average duration of the disease was 13.5±3.2 years. Among them, 14 were males, 16 were females, and the median age of the patients was 42.21±10.36 years. To assess the severity of self-stigmatization and to determine its components, the "Questionnaire for assessing the phenomenon of self-stigmatization in psychiatric patients" (Yastrebov V.S., Mikhailova I.I., Yenikolopov S.N. et al., 2005) was used.
Results: A rather high general level of self-stigmatization (1.20 ±0.57 points) was revealed in the studied patients, exceeding the average indices according to the mentioned questionnaire. The most pronounced were the indicators on the following scales: "Overestimation of inner activity" (1,61±0,67 points); "Overestimation of self-actualization" (1,48±0,78 points); "Willingness to distance from mentally ill patients in the social sphere" (1,44±0,72 points); "Violation of self-identity" (1,17±0,59 points). Taking into account the identified disorders, a program including psychoeducation, as well as art-therapeutic training based on the approach of Z. Russinova et al. "Anti-stigma photovoice Intervention" (2014) was developed and adapted for the Russian population. The psychoeducation included three sessions where the manifestations of mental disorders, their treatment, forms of psychiatric care, issues of stigmatization and its overcoming were discussed. The training included six sessions discussing the following topics: "My daily life", "Health and illness", "Me and others", "Accepting help and giving help", "My achievements and my possibilities", and "The next chapter of my life". Participants provided pictures according to the session topic and discussed personal experiences, their emotions and feelings. The sessions were held in a closed group, the number of participants from 8 to 12 people, and the duration of the session was 90 minutes.
Conclusions: The developed program contributed to the identification of resources that help in overcoming the disease and reducing self-stigma. The program can be used for patients in the initial stages of the disease and with a long-term course of the disease.

Disclosure of Interest: None Declared

Schizophrenia and Other Psychotic Disorders

EPP517

The association of familial factors with drug treatment compliance in psychotic disorders in adolescents and young adults: a follow-up study of former adolescent inpatients

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Introduction: Schizophrenia and other psychotic disorders have a high social and economic cost. Antipsychotic drugs are the main approach to schizophrenia treatment. Drug adherence can be assessed with the Medication Possession Ratio (MPR), which means the days covered by the drugs purchased / 1 year.
Objectives: The aim of this study was to investigate the effect of primary family factors and adverse childhood experiences (ACEs) on antipsychotic MPR among patients with schizophrenia spectrum disorder (SSD). Furthermore, we analyzed long-acting injectable antipsychotics (LAIs) and mood stabilizers separately.
Methods: We had access to a database of former adolescent psychiatric inpatients (n=508) treated during the years 2001-2006 in Oulu university hospital, Finland. Participants were followed for SSD diagnosis via National care register for healthcare (CRHC) and physician-prescribed antipsychotic drug purchases via Social Insurance Institute (SII) register up to June 2023.
Results: The participants using clozapine (OR 5.26, 95%CI 1.79-15.39) or mood stabilizers (OR 5.34, 95%CI 1.37-20.83) were significantly more likely to have MPR > 80% compared to participants using other antipsychotics. Sibling position, the size of primary family or ACEs did not associate with MPR.
Conclusions: Clozapine and mood stabilizers increased the likelihood of higher antipsychotic MPRs among former adolescent psychiatric inpatients having SSD.

Disclosure of Interest: None Declared

EPP518

No sex-related differences in CGI-S score reductions in adult patients with acutely exacerbated schizophrenia treated with Risperidone ISM

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