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SUPPLEMENT**



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The Abstracts of the 29th European Congress of Psychiatry - 2021 will be published as a Supplement to *European Psychiatry* and have been peer-reviewed by the Local Organising Committee of the European Congress of Psychiatry.

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EPP1241

Possibilities of using CBT to improve the quality of life and remission of women with paranoid schizophrenia

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doi: forthcoming

Introduction: An important goal of modern psychiatry is to improve the quality of life and remission of patients with schizophrenia.

Objectives: are to study the effectiveness of CBT for women with paranoid schizophrenia.

Methods: 75 women aged 18 to 35 years suffering from paranoid schizophrenia for at least five years were examined. The study group consisted of 39 women, while the comparison group consisted of 36 women.

Results: The level of positive symptoms was 25.8 ± 1.1 points in the main group and 26.1 ± 0.8 points in the comparison group; of negative symptoms was 19.3 ± 0.9 points in the main and 19.8 ± 0.7 points in the comparison group; the level of general psychopathological symptoms was 46.3 ± 0.8 points in the main and 45.9 ± 0.7 points in the comparison group. In the second phase of the study, a standard therapy for schizophrenia was supplemented with short-term cognitive-behavioral therapy for the study group. The study group showed a significant improvement in the quality of life and remission of the underlying disease. In the study group, the indicator of general symptoms significantly decreased (in the main 36.5 ± 0.7 points, while in the comparison group - 41.4 ± 0.9 points), and the total value of the PANSS method (in the study group - 78.7 ± 0.9 points, opposed to the comparison group 86.9 ± 0.8 points).

Conclusions: Thus, complex treatment, which included the use of atypical antipsychotics and short-term CBT, showed greater efficacy than standard treatment for paranoid schizophrenia.

Keywords: paranoid schizophrenia; CBT; quality of life; remission

EPP1242

Adherence to treatment in patients with delusional disorder - study of acute inpatient population in psychiatry ward between 2007-2017A. Delgado^{1*}, D. Barbosa² and R. Currel¹¹Psychiatry, Centro Hospitalar Universitário de São João, Porto, Portugal and ²Psychiatry, Sao Joao Hospital and University Centre, Porto, Portugal

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Introduction: Delusional disorder is a mental illness in which delusions are the dominant symptom. Delusional disorder is not well studied relative to other psychotic disorders - it is poorly understood in practically every aspect of its nature, including cause, phenomenology, prevalence, comorbidity, course, treatment, and prognosis.

Objectives: To study the clinical and sociodemographic characteristics of individuals admitted for inpatient treatment with the diagnosis of delusional disorder, in particular the adherence to treatment.

Methods: Retrospective observational study of inpatient treatment of patients with delusional disorder diagnosis between January 1st 2007 and 31st December of 2017 in the Psychiatry Service of CHUSJ. Follow up of 2 years from discharge. Data collected included sociodemographic characteristics and clinical features. Descriptive analysis of the results was performed using SPSS (v.26).

Results: In the period of time analyzed, 152 hospitalizations were identified, corresponding to 114 patients: 38.2% male and 62.8% female. The average age was 58 years. 3 months after discharge: 65% of patients were going to the medical appointments, which dropped to 60% in 6 months, 55% in 12 months, 53% in 12 and 24 months. Regarding adherence to the treatment: 65% of patients were still adherent to medication in 3 months time, 55% in 6 months, dropping to 50% in a year and to 48% in 2 years. There is a relation between involuntary discharge and adherence to consultations and medication.

Conclusions: A cardinal characteristic of delusional disorder, conviction that one is not mentally ill, contributes complexity to the treatment challenges and profoundly affects the therapeutic relationship.

Keywords: Delusional disorder; treatment adherence

EPP1243

Coronary artery calcium in patients with schizophreniaT. Trab^{1*}, R. Attar², S. Eggert Jensen², S. Grøntved¹, J. Brøndum Frøkjær³, C. Polcwiartek² and R. Ernst Nielsen⁴¹Department Of Psychiatric Research, Aalborg University Hospital, Aalborg, Denmark; ²Cardiology, Aalborg University Hospital, Aalborg, Denmark; ³Radiology, Aalborg University Hospital, Aalborg, Denmark and ⁴Psychiatry, Aalborg University Hospital, Aalborg, Denmark

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Introduction: Coronary heart disease (CHD) is a major cause of increased mortality rates in patients with schizophrenia and coronary artery calcium (CAC) score is associated with CHD.

Objectives: We hypothesized that patients with schizophrenia have more CAC than the general population and aimed to investigate the CAC score in patients with schizophrenia compared to norms based on the general population. Secondly this study investigated if age, sex, diabetes, dyslipidemia and smoking were associated with the CAC score.

Methods: In a cross-sectional study 163 patients with schizophrenia underwent cardiac computed tomography and the CAC score was measured and compared to norms by classifying the CAC scores in relation to age- and gender matched norm 50th, 75th and 90th percentiles. Logistic and linear regression were carried out to investigate explanatory variables for the presence and extent of CAC respectively.

Results: A total of 127 (77.9%) patients had a CAC score below or equal to the matched 50th, 20 (12.3%) above the 75th and nine (5.5%) above the 90th percentile. Male sex ($P < 0.05$), age ($P < 0.001$) and smoking ($P < 0.05$) were associated with the presence of CAC while age ($P < 0.001$) and diabetes ($P < 0.05$) were associated with the extent of CAC.

Conclusions: This study indicates that patients with schizophrenia do not have more CAC than the general population and stresses the need for further studies of CHD in these patients. Variables associated with the CAC score are similar in patients with schizophrenia and the general population.

Conflict of interest: T Trab has nothing to disclose. R Attar has nothing to disclose. SE Jensen has received an unrestricted research