

Conclusions.– This meta-analysis provides evidence for the beneficial effects of SGAs treatment on the quality of life of schizophrenia patients. It is, however, suggested that further studies be conducted on this topic to assess the role of clozapine on quality of life outcomes when compared to other SGAs.

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E-PV0895

Differences in psychopharmacological medication in the treatment of patients with schizophrenia, depending on the presence of aggressive behavior

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Background and aims.– Aggressive behavior in patients with schizophrenia is often the main reason of their hospitalization and many times also one of the symptoms of relapse of psychotic disorder. If the intensity of violent behavior is not reducible non-medically, we proceed to pharmacological therapy.

In our report, we bring the results of an intergroup comparison of the rate of classical and atypical antipsychotic medications in patients with schizophrenia, in dependence on the presence of aggressive behavior at baseline or prior to hospitalization to our hospital.

Methods.– Research was realized between the years 2016 and 2018 in patients hospitalized at the acute male ward of Psychiatric Hospital Hronovce. Our study group consisted of 65 patients hospitalized with a diagnosis of psychotic disorders without the comorbidity of substance abuse; this group was divided into 2 subgroups according to criteria of aggression. The medical treatment was monitored in 2 time intervals.

Results.– The group of aggressive patients included 21 men hospitalized with a history of aggressive behavior at baseline (age 18 to 61 years). Second, non-aggressive group included 44 hospitalized patients without a history of aggressive behavior (age 19 to 61 years). Drug groups, administration forms and daily doses were monitored at the beginning and at the end of hospitalization - when the patient was taken to outpatient care.

Conclusions.– Our findings show higher prevalence of indication of depot forms and also higher dosing of antipsychotics in the group of aggressive patients. Classic antipsychotics were used more often in the group of aggressive patients.

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Relationship of aggressive behavior and depressive symptoms in paranoid schizophrenia patients

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Background and aims.– The problem of depression among patients with schizophrenia is actual question in the context of re-adaptation in social community and improving of the quality of life. Stigma, isolation and lack of social support reinforces the statement of that schizophrenia patients are aggressive. Not suffi-

ciently investigated the interdependence of depressive symptoms and aggressive behavior in these patients.

Investigate relationship of depressive symptoms and aggressive behavior among paranoid schizophrenia patients.

Methods.– We examined 81 paranoid schizophrenia patients: 44 – with depressive symptoms and 37 – without it. Our investigation is based on a complex examination included: PANSS scale, The Calgary depression scale, RFL scale, Buss-Durkey Inventory and Boyko's Definition of integral forms of communicative aggression inventory.

Results.– Patients of both groups showed no differences in demonstration of oral or physical aggression. Also, inability to switch aggression on to inanimate objects was high in both groups. Differences were identified in self-aggressive subscale and were statistically significantly higher in group of patients with depressive symptoms. In this group also identified higher level of spontaneity of aggression and disability to stall it. These patients showed statistically significantly lower score of RFL scale with prevalence subscales: responsibility to family, child-related concerns, moral objections.

Conclusions.– Results showed that depressive symptoms facilitate increasing of the level of self-aggression among paranoid schizophrenia patients. Psychotherapeutic correction should be based on existing family values and aimed at strengthening of moral principles and belief in life. This direction requires further research and development of the effective methods of medical and psychotherapeutic correction.

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Psychotic disorder in post-traumatic brain injured patients: a case report

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Background and aims.– People surviving a traumatic brain injury are at an increased risk of developing psychotic disorders. In this work, we propose to study, through a case presentation and a review of the literature, the mechanisms along with the clinical and evolutionary characteristics of psychoses following a brain injury.

Methods.– We report retrospectively the case of a patient who presented a psychotic disorder in the aftermath of a traumatic brain injury. A review of the literature was also conducted using the databases “PubMed” and “ScienceDirect” and the keywords “cranial trauma”, “psychosis”, “schizophrenia”.

Results.– Mr LN is 26 years old. He has no medical history. He was an English language student in a Tunisian university. His family describes him as a wise and sociable boy. In March 2014, the patient was a victim of a public road accident resulting in severe cranial trauma with loss of consciousness and was hospitalized in a resuscitation department. In 2016, about two years after his traumatic injury, he developed a delusional syndrome (persecution, bewitchment and filiation), auditory hallucinations and few dissociative elements. He was treated with neuroleptics with good clinical improvement.

Conclusions.– Psychoses emerging after a brain injury are not rare in psychiatry. The authors hypothesize that traumatic brain injuries lead to neuronal reshaping which could cause impairments in subjects vulnerable to schizophrenia. Nevertheless, many questions remain open to determine the role played by physical and emotional trauma as well as the complex interaction between pre-, per- and post-traumatic factors.

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