awareness of the insight paradox given the complex and dynamic relationships between clinical insight and suicide thoughts and behaviors.

Keywords: insight; Suicide ideation; psychosis; Depression

EPP1202

Metacognition, symptoms and general functioning in patients with schizophrenia

M. Daoud[1], J. Ben Thabet[2]*, M. Maalej Bouali[2], S. Omri[2], R. Feki[2], N. Smaoui[2], L. Zouari[2], N. Charfi[2] and M. Maalej[2]

[1]Department Of Psychiatry "c", Universty Hospital of Hedi Chaker, sfax, Tunisia and [2]Psychiatry C Department, Hedi chaker University hospital, sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1413

Introduction: Poorer metacognitive abilities are recognized as strong predictors of social functioning deficits in individuals with schizophrenia.
Objectives: The aim of the current study is to examine metacognitive functioning in people with schizophrenia and to explore correlations between metacognition, symptoms and general functioning.
Methods: It was a cross-sectional study involving outpatients diagnosed with schizophrenia and followed in the psychiatry "C" department at Hedi Chaker university Hospital, in Sfax -Tunisia, between may and december 2018. Sociodemographic, clinical and therapeutic data were measured using self-reported questionnaires, and metacognition was assessed with the Metacognition Assessment Scale – Abbreviated version (MAS-A). The general functioning was measured with The Global Assessment of Functioning (GAF).
Results: A total of 74 participants participated in the study. The average age was 34.1 ± 11.8 years and the sex-ratio was 1.6. The average score of global assessment of functioning was 49.39 ± 10. Means and standard deviations on MAS scores were as follows: self-reflectivity 4.18 (1.46), understanding of others' minds 3.20 (1.06), decentration 2.5 (1.8), mastery 2.54 (1.85), and the MAS total scores 12.42 (6.17). The results indicate that poor social functioning is associated with metacognitive difficulties ($r=0.27$, $p<10^{-3}$). Greater metacognition was significantly correlated with fewer negative symptoms ($r= -0.62$, $p<10^{-3}$), but metacognition was not significantly correlated with positive psychotic symptoms, cognitive disorganisation, excitement or emotional distress
Conclusions: These findings underscore the importance of interventions designed to enhance the patients' metacognitive capacities, that is, the more proximal capacities linked to poorer social functioning.

Keywords: General function; metacognition; schizophrénia; Symptoms

EPP1203

Green space and schizophrenia: A review

R. Mota Freitas[1]* and M.T. Valadas[2]

[1]Departamento De Psiquiatria E Saúde Mental, Hospital do Espírito Santo de Évora, Évora, Portugal and [2]Serviço De Psiquiatria, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1414

Introduction: Urban living has consistently been associated with higher risk of developing schizophrenia when compared to rural living. Exposure to green space has been associated with better mental health outcomes and, more recently, childhood exposure to green space has been linked with lower rates of schizophrenia. The reasons for these findings remain unknown, although lower levels of pollution and psychological factors may play a role.
Objectives: We aim to review the literature regarding exposure to green space and its relationship with the risk of developing schizophrenia.
Methods: We performed an updated review in the PubMed database using the terms "green space" and "schizophrenia". The included articles were selected by title and abstract.
Results: Growing up surrounded by non-urban environments is associated with lower schizophrenia rates. Upbringing in urban areas is associated with higher schizophrenia rates when compared with non-built-up areas. Schizophrenia risk seems to decrease with vegetation density in a dose-response relationship for urban and agricultural areas. Risk of schizophrenia has been found to be associated additively with green space exposure and genetic liability. No evidence for gene-environment interaction has been reported so far in this regard.
Conclusions: Exposure to green space during childhood appears to lower the risk of developing schizophrenia later in life and can be a preventive strategy. Further research in this area is needed.

Keywords: schizophrénia; Green space

EPP1204

Predictors of poor adherence in schizophrenia

W. Bouali[1]*, R. Gniwa Omezzine[2], R. Ben Soussia[1], S. Younes[1] and L. Zarrouk[1]

[1]Department Of Psychiatry, University Hospital Of Mahdia, Tunisia., Psychiatry, Mahdia, Tunisia and [2]Department Of Family Medicine. Tunisia., Monastir Faculty of Medicine, Mahdia, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1415

Introduction: Schizophrenia is a chronic mental disorder that requires long-term treatment. Non-adherence to antipsychotics is common and associated with poor outcomes.
Objectives: Our study is aimed to describe the therapeutic adherence and to identify the factors associated with poor adherence among schizophrenic patients.
Methods: This was a cross-sectional study conducted at psychiatry consultation of the university medical center of Mahdia, Tunisia. Data collection occurred between the months of January and March 2018, including patients suffering from schizophrenia. The evaluation of adherence was performed using the MARS scale (Medication Adherence Rating Scale).
Results: In our sample of 131 schizophrenic patients, there is a male predominance (76%), as well as unmarried status (58.7%), unemployed (72%). The rate of non compliance treatment was 73%. Low levels of education, poor insight and polytherapy were associated to poor adherence. Although patients aged more than 40 years, who were married and diagnosed with undifferentiated schizophrenia were good compliant to treatment ($p<0.05$).
Conclusions: We suggest a proper treatment strategy for each patient based on the identification of non adherence risk factors.

Keywords: Schizophrenia; Antipsychotic drugs; Adherence; Non-adherence

EPP1205

Diagnostic change 2 years after a first episode of psychosis

L. Aranguren[1]*, M. Martinez[1], E. García De Jalón[1,2], A. Fernández[2], M.C. Ariz[2], M. Otero[1] and N. Pereda[1]

[1]Salud Mental. Primeros Episodios, Servicio Navarro de Salud, Pamplona, Spain and [2]Mental Health Group, Instituto de Investigación Sanitaria de Navarra (IdISNA), Pamplona, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1416

Introduction: Psychiatric diagnoses are derived from expert opinion (1). Since no objective tests or markers are on the horizon, clinical psychiatry is anchored to "the patient's altered experience, expression and existence, associated with suffering in self and/or others"(2). Many studies have examined diagnostic stability over time. In the last years investigators have been reporting prospective and retrospective consistencies of diagnoses between two time points, specially in first episodes of psychosis (3).
Objectives: To examine the prospective and retrospective stability of diagnostic categories 2 years after the first episode of psychosis
Methods: Data were examined from the First Episode Psychosis Program of Navarra (PEPsNA), a prospective observational study of a cohort of patients with first-episode psychosis in Navarra (Spain). Diagnosis was assigned using DSM-IV-TR at baseline and 24 months later. Diagnoses were divided into 5 categories: Affective psychosis, Schizophrenia spectrum psychosis, Schizoaffective disorder, acute psychosis and other diagnoses. Diagnostic change was examined using prospective and retrospective consistency
Results: A total of 78 first-episode psychosis cases with baseline and 24 months follow-up were identified. Table 1 shows the diagnosis movement matrix, and Figure 1 its graphical representation. Of cases, 71.8% (56/78) had the same baseline and 24 months follow-up diagnosis. Prospective and retrospective consistencies are shown in Table 2
Conclusions: The prospective and retrospective consistencies of Schizophrenia spectrum psychosis and acute psychosis were higher than others. Affective psychosis and Schizoaffective disorder show very variable consistencies

Keywords: psychosis; stability; Diagnostic; consistency

EPP1206

Impact of a first psychosis program in functional variables after two years of follow-up

M. Martinez, N. Pereda*, E. García De Jalón, T. Lizarbe, A. Aquerreta, F. Monclus and M. Otero

Salud Mental. Primeros Episodios, Servicio Navarro de Salud, Pamplona, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1417

Introduction: Early Intervention Services for Early-Phase Psychosis have shown efficacy and effectiveness (Correl C, JAMA). In Pamplona, Spain, there is an Early Intervention Program that has been providing multiprofesional assistance for First Psychotic Patients for the last two years.

Objectives: The aim of this study is to analize the longitudinal effects of the different interventions in several functional variables: GAF, Occupational State, CGI-CogS, QLS, Sofas and WHODAS II applied to 240 patients during two years of follow-up.
Methods: We apply an standard evaluation protocol to every patient at different times: premorbid, initial time and at months 6, 12, 18 and 24. We analyse the data with the SPSS statistical program to see the results in these variables.
Results: The GAF scale shows a decline during the first 6 months, but tends to reach and maintain the premorbid levels after a year of treatment. Regarding baseline, patients with normalized jobs or studies are 60.7%. This percentage persists during the next months of follow-up but decline at the 24th month Both the Whodas and Sofas scale show improvement tends. The QLS results show a progresional improvement in every subcale during the whole time of follow-up.
Conclusions: The Early Intervention Services in Psychosis improve, not only psychopatological dimension but also functional areas, what is important for the whole recovery of First Psychotic Patients.

Keywords: Early-Phase Psychosis; schizophrénia; psychosis; early intervention

EPP1207

N-acetylcysteine as an adjunct treatment of schizophrenia

R. Mota Freitas[1]* and M.T. Valadas[2]

[1]Departamento De Psiquiatria E Saúde Mental, Hospital do Espírito Santo de Évora, Évora, Portugal and [2]Serviço De Psiquiatria, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1418

Introduction: An increasing body of literature supports the hypothesis that immune imbalance towards a pro-inflammatory status in the brain plays an important role in schizophrenia. Anti-inflammatory drugs might compensate this dysregulation, ameliorating the symptoms of schizophrenia. N-acetylcysteine exhibits anti-inflammatory properties and may regulate various neurological pathways, including glutamate dysregulation, oxidative stress, and inflammation, becoming an interesting augmenting drug for schizophrenia treatment.
Objectives: We aim to review the literature regarding the therapeutic effects of N-acetylcysteine in Schizophrenia.
Methods: We performed an updated review in the PubMed database using the terms "N-acetylcysteine" and "Schizophrenia". The included articles were selected by title and abstract.
Results: The literature suggests that N-acetylcysteine may be a useful adjunct to standard treatment for the improvement of schizophrenia symptoms, as well as the cognitive domain of working memory. Also, this augmentation therapy seems to be beneficial in all illness stages
Conclusions: N-acetylcysteine appears to be a promising agent for augmenting conventional pharmacotherapy in schizophrenia, however, further research is needed to consolidate the current findings.

Keywords: schizophrénia; N-acetylcysteine