heteronomous self-esteem. As schools are interested in enhancing healthy and adaptive self-esteem, this tool will be an effective assessment method to ascertain how autonomous self-esteem is cultivated.

Disclosure of Interest: None Declared

EPP0751

The quality of mental health care delivered to patients with schizophrenic disorder in the Italian mental health system. The QUADIM project A multi-regional Italian investigation based on healthcare utilization databases

M. Monzio Compagnoni[1,2]*, G. Corrao[1,2], L. Allevi[3], A. Barbato[4], B. D'Avanzo[4], F. Carle[5,6], A. Saponaro[7], A. Gaddini[8], S. Scondotto[9], L. Ferrara[10], V. D. Tozzi[10], T. Di Fiandra[11] and A. Lora[2,3]

[1]Department of Statistics and Quantitative Methods; [2]National Centre for Healthcare Research and Pharmacoepidemiology, University of Milano-Bicocca, Milan; [3]Department of Mental Health and Addiction Services, ASST Lecco, Lecco; [4]Unit for Quality of Care and Rights Promotion in Mental Health, Istituto di Ricerche Farmacologiche Mario Negri IRCCS, Milan; [5]Center of Epidemiology and Biostatistics; [6]National Centre for Healthcare Research and Pharmacoepidemiology, Polytechnic University of Marche, Ancona; [7]General Directorate of Health and Social Policies, Emilia-Romagna Region, Bologna; [8]Agency for Public Health, Lazio, Region; [9]Department of Health Services and Epidemiological Observatory, Regional Health Authority, Sicily Region, Palermo; [10]Centre of Research on Health and Social Care Management, SDA Bocconi School of Management (Bocconi University), Milan and [11]Psychologist, previously General Directorate for Health Prevention, Italian Ministry of Health, Rome, Italy
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1039

Introduction: The 1978 Italian reform of psychiatric services initiated the closure of psychiatric hospitals encouraging the development of community mental health. However, there is wide variability across regions in the amount of resources devoted to community-based psychiatric care, and the range of services provided still is cause of concern.

Objectives: To evaluate the quality of mental health care delivered to patients with schizophrenia and related disorders taken-in-care by mental health services in four Italian regions (Lombardy, Emilia-Romagna, Lazio, Sicily).

Methods: Thirty-one clinical indicators concerning accessibility, appropriateness, continuity, and safety were defined and estimated using healthcare utilization (HCU) databases, containing data on mental health treatments, hospital admissions, outpatient interventions, lab tests and drug prescriptions.

Results: A total of 70,586 prevalent patients with schizophrenia treated in 2015 were identified, of whom 1,752 were newly taken-in-care. For most patients community care was accessible and moderately intensive. However, care pathways were not implemented based on a structured assessment and only half of the patients received psychosocial treatments. One patient out of ten had access to psychological interventions and psychoeducation.

Activities specifically addressed to families involved a third of prevalent patients and less than half of new patients. One patient out of six was admitted to a community residential facility, and one out of ten to a general hospital psychiatric ward (GHPW); higher values were identified in new cases. In general hospitals, one-fifth of the admissions were followed by readmission within 30 days of discharge. For two-thirds of patients continuity of community care was met, and six times out of ten a discharge from a GHPW was followed by an outpatient contact within two weeks. For cases newly taken-in-care the continuity of community care was uncommon, while the readiness of outpatient contacts after discharge was slightly more frequent. Most of the patients received antipsychotic medication, but their adherence to long-term treatment was low. Antipsychotic polytherapy was frequent and the control of metabolic side effects was poor. The variability between regions was high and consistent.

Conclusions: The Italian mental health system could be improved by increasing the accessibility to psychosocial interventions, improving the quality of care for newly taken-in-care patients, focusing on somatic health and mortality, and reducing regional variability. Clinical indicators demonstrate the strengths and weaknesses of the mental health system in these regions, and, as HCU databases, they could be useful tools in the routine assessment of mental healthcare quality at regional and national levels.

Disclosure of Interest: None Declared

EPP0752

Role of central and peripheral neuropeptides in escitalopram-induced weight gain and metabolic changes

M. Y. Yilmaz

PSYCHIATRY CLINIC, VAN TRAINING AND RESEARCH HOSPITAL, VAN, Türkiye
doi: 10.1192/j.eurpsy.2023.1040

Introduction: Selective serotonin reuptake inhibitors (SSRI group antidepressant drugs) are not significantly different from tricyclic antidepressants and other antidepressants in terms of efficacy, but provide significant advantages in terms of side effects and toxicity. One of the most important side effects of antidepressant drugs is weight gain. However, there is not yet enough study on weight gain mechanism.

Nutrition and hunger-satiety circle are occured under the control of neuropeptids and hormones that are synthesized and secreted from the hypothalamic arcuate nucleus (ARC), adipose tissue and the pancreas.

In this study, we examined how escitalopram affects the body weight, the body mass index, the serum lipid profile, the liver function tests, the underlying molecular mechanisms of weight change, the relationships these mechanizms and the hypotalamic nutrition regulatory neuropeptides such as POMC, NPY, leptin, CCK and insülin that is a pancreatic hormone.

Objectives: In order to understand the relationship between antidepressants and metabolic risk factors such as diabetes and obesity

and to understand the underlying mechanisms, body weight, waist and hip circumference, POMC and NPY levels from hypothalamic nutrition regulating neuropeptides, CCK from peripheral neuropeptides, a pancreatic hormone insulin, and the effects of escitalopram use on these parameters were investigated.

Methods: In this prospective study, 30 patients, who were decided to have escitalopram treatment and who met the inclusion criteria and continued the treatment for 12 weeks, were included in the study.

Results: Weight, waist circumference increase and waist-hip ratio decreased significantly after 12 weeks. The decrease in neuropeptide level in POMC was significant.

Conclusions: In our study, according to the insignificant change in lipid parameters it was thought that the use of escitalopram does not cause a metabolic change that would increase the risk in terms of metabolic syndrome and cardiovascular disease, despite the short study period. The decrease in POMC levels due to escitalopram use; It was thought that it may lead to weight gain by modulating eating behavior modulation.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders 07

EPP0754

Efficacy of paliperidone palmitate 3-month formulation in preventing hospital admissions and emergency room visits. 66 months of follow-up

S. L. Romero Guillena[1]*, B. O. Plasencia Garcia de Diego[2], J. Gomez Gonzalez[1] and F. Gotor Sánchez-Luengo[2]

[1]UGC Salud Mental Virgen Macarena, Psychiatry and [2]UGC Salud Mental Virgen Rocio, Psychiatry, Seville, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1041

Introduction: Paliperidone Palmitate 3-month formulation (PP3M) has shown a significantly longer time to relapse compared to placebo, with similar efficacy and safety to Paliperidone Palmitate 1-month (PP1M) (Carpiniello et al. Drug Des. Devel. Ther. 2016; 10 1731–1742).

Objectives: The main objective of this study was to determine the effectiveness of PP3M in preventing hospital admissions and emergency room visits, in people with non-acute schizophrenia in a naturalistic psychiatric outpatient setting

Methods: Sample: 30 people with diagnosis of schizophrenia (DSM 5 criteria), who had started treatment with PP3M, after being stabilized with PP1M (the dose was not modified in the four months prior to inclusion in the study)

Quarterly basis, the following evaluations were performed during a follow-up period of 66 months:

The Clinical Global Impression-Schizophrenia scale (CGI-SCH)

Treatment adherence, concomitant medication and the number of hospitalizations and emergency visits

Efficacy values: Percentage of patients who remained free of admissions at the end of 66 months of follow-up.

Other evaluation criteria: Percentage of patients who never visited the emergency department at the end of 66 months of follow-up. Average change from baseline visit to the final evaluation as assessed by score obtained on the following scale: GSI-SCH, percentage of patients on antipsychotic monotherapy and treatment adherence rate.

Results: The mean dose of PP3M was 401. 55 mg

The percentage of patients who remained free of admissions at the end of the 66 months was 83.25% and the percentage of patients who never visited the emergency department at the end of 66 months was 79.92%

Mean variations from baseline scores at 66 months were: (-0.36 $\pm$0-37) on the GCI-SCH.

The percentage of patients on antipsychotic monotherapy at the end of the 66 months was 76.56%

The rate of adherence was 86.58%

.

Conclusions: In our study, we found that paliperidone palmitate 3-month formulation was effective in reducing the number of admissions and visits to the emergency department, under conditions of daily clinical practice.

Disclosure of Interest: None Declared

EPP0755

Alterations in peripheral levels of cytokines and associated inflammatory markers in acute and chronic stages of schizophrenia spectrum disorders: a systematic review and network meta-analysis

S. Halstead[1]*, D. Siskind[2], M. Amft[3], E. Wagner[3], V. Yakimov[3], Z. Liu[4], K. Walder[4] and N. Warren[2]

[1]Logan Hospital, Queensland Health; [2]Faculty of Medicine, University of Queensland, Brisbane, Australia; [3]Department of Psychiatry and Psychotherapy, University Hospital, Ludwig Maximilian University of Munich, Munich, Germany and [4]The Institute for Mental and Physical Health and Clinical Translation, School of Medicine, Deakin University, Geelong, Australia
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1042

Introduction: It has been previously identified that levels of peripheral inflammatory proteins, such as cytokines, are altered in people with schizophrenia spectrum disorders (SSD).

Objectives: As there is considerable inconsistency in the literature with respect to how inflammatory profiles differ between acute and chronic stages of SSD, a systematic review and network meta-analysis was performed.

Methods: Records from CINAHL, the Cochrane Central Register of Controlled Trials, EMBASE, PubMed, and PsycINFO were systematically searched from inception until 31 March 2022 for published studies that had measured levels of inflammatory proteins in cases of SSD and healthy controls. Pairwise and network meta-analyses were performed to determine whether there were significant differences in mean peripheral protein concentrations between acute SSD, chronic SSD, and healthy controls.