

correlations were performed using SPSS v28 and p values < 0.05 were considered significant.

Results: Both the LET and the PANSS-LE were correlated with the CGI ($p=0.002$ and $p<0.001$ respectively), but only the PANSS-LE was found to be correlated with the GAF ($p<0.001$), the BNSS ($p<0.001$) and the HoNOS ($p<0.001$).

Conclusions: The concept of life engagement is of growing interest for healthcare professionals working in the mental health field, in line with the concept of reaching a full functional recovery and considering patient-reported outcomes. From our study it is evident that life engagement in individuals living with SSD is better characterized through the PANSS-LE rather than the LET, as the former is more specific to define the complexity of the SSD symptomatology.

Disclosure of Interest: None Declared

EPP0267

Theta-burst rTMS in schizophrenia to ameliorate negative and cognitive symptoms: a double-blind, sham-controlled, randomized clinical trial

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Introduction: Schizophrenia is a major mental disorder that affects approximately 1% of the population worldwide. Social cognition impairments and negative symptoms such as blunted affect or emotional withdrawal strongly contribute to the psychosocial functioning deficits and long-term disability in schizophrenia. The state-like and trait-like components of social cognition are impaired in schizophrenia

Objectives: Treatment effects of conventional approaches with antipsychotics or psychosocial interventions are limited when it comes to reducing negative and cognitive symptoms in schizophrenia. While there is emerging clinical evidence that new, augmented protocols based on theta-burst stimulation can increase rTMS efficacy dramatically in depression, data on similar augmented therapies are very limited in schizophrenia. The different patterns of network impairments in subjects may underlie that some but not all patients responded to given stimulation locations.

Methods: Therefore, we propose an augmented theta-burst stimulation protocol in schizophrenia by stimulating both locations connected to negative symptoms, namely the vermis of the cerebellum and the left Dorsolateral Prefrontal Cortex (DLPFC). Ninety subjects with schizophrenia presenting negative symptoms and aging between 18-50 years will be randomized to active and sham stimulation in a 1:1 ratio. The TBS parameters we adopted follow the standard TBS protocols, with 3-pulse 50-Hz bursts given every 200 ms (at 5 Hz) and an intensity of 100% active motor threshold. We plan to deliver 1800 stimuli to the vermis and 1800 stimuli to the left DLPFC daily in two 9.5-minute blocks for four weeks.

Results: The primary endpoint is the change in negative symptom severity measured by the Positive and Negative Syndrome Scale

(PANSS). Secondary efficacy endpoints are the change in cognitive flexibility measured by the Wisconsin Card Sorting Test and the change in social cognition assessed by the 'Reading the Mind in the Eyes', facial emotion recognition, and the 'Faux pas' tests. The safety outcome is the number serious adverse events.

Conclusions: In conclusion the aim of our study is to prove the safety and efficacy of theta burst stimulation for treating negative symptoms of schizophrenia.

Disclosure of Interest: None Declared

EPP0268

Predictors of admission to an assertive outreach service for psychosis in Lebanon

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Introduction: Schizophrenia is a chronic, debilitating mental illness that contributes significantly to the global burden of disease. Assertive outreach treatment for patients with schizophrenia and psychotic disorders has been implemented to improve treatment adherence and outcomes. The suitability of this model of care outside the western context has not been fully established. The Psychosis Recovery Outreach Program (PROP), staffed by a multi-disciplinary team that applies principles of early intervention and assertive outreach, was initiated in February 2016 at a leading psychiatric facility in Lebanon.

Objectives: The aim of this study is to identify and analyze clinical and demographic variables associated with patient enrollment in PROP, out of a typical clinical population attending a psychiatric outpatient department.

Methods: This retrospective study included patients above 18 y.o. at time of first point of care with a primary diagnosis of psychosis according to the International Classification of Diseases 10 (ICD-10), and who presented to the outpatient psychiatry department at the American University of Beirut Medical Center (AUBMC) and were following up in PROP. We collected twelve-month data and used logistic regression models to identify predictor variables for enrollment in the service compared to those receiving standard treatment.

Results: In total, 45 patients participated in the study. Patients were mostly males (77.8%), younger than 39 years (80%), of college or higher education (68.2%), and diagnosed with schizophrenia (46.7%) or schizoaffective disorder (48.9%). About one-quarter (22.7%) had a comorbid cannabis use disorder. A majority received more than one oral antipsychotic (75.6%) while half (51.1%) were maintained on a long-acting injectable (LAI) antipsychotic. The following variables were significant predictors of enrollment in PROP: having a comorbid cannabis use disorder (OR 2.83 [1.25 – 6.37]), being prescribed a LAI antipsychotic (OR 9.99 [4.93-20.24])