

Objectives: In our study, we retrospectively analysed the socio-demographic and clinical characteristics of patients receiving clozapine monotherapy and patients receiving clozapine in combination with different antipsychotics. In this way, we aimed to evaluate the factors that influence the response to clozapine.

Methods: Clozapine monotherapy and clozapine in combination with different antipsychotics were identified by retrospective chart review of patients followed up at the Schizophrenia and Other Psychotic Disorders Outpatient Clinic, Department of Psychiatry, Faculty of Medicine, Selçuk University. Sociodemographic and clinical characteristics were recorded and subjected to statistical analysis. The study was approved by the Ethics Committee of Selçuk University.

Results: Of the 143 patients whose data were analysed, 60 (42%) were female. The mean age of the patients was 40.2 ± 12.0 years and the mean duration of training was 10.4 ± 4.3 years. 62 patients (43.4%) used long-acting antipsychotics. 90 patients (62.9%) were using clozapine, 52 (36.4%) were using clozapine as monotherapy, 5 (3.5%) were using clozapine together with another oral antipsychotics drug, and 33 (23.1%) were using clozapine together with a long-acting antipsychotic. No statistically significant difference was found when comparing mean age, age at first antipsychotic initiation, age at clozapine initiation and mean clozapine dose between patients using clozapine monotherapy ($n=52$) and patients using different antipsychotics in combination with clozapine ($n=38$). When the two groups were compared, a significant difference was found in the mean number of antipsychotics used before starting clozapine and the mean number of hospitalisations, with a lower number in the monotherapy group (3.1 ± 1.4 vs 4.1 ± 2.0 , $p=0.01$ and 2.8 ± 2.2 vs 4.5 ± 3.2 , $p=0.006$, respectively).

Conclusions: It is important to assess the concept of treatment resistance appropriately in the treatment of schizophrenia patients. The results of our study suggest that starting clozapine treatment promptly in treatment-resistant patients may increase the likelihood that patients will benefit from clozapine and reduce the need for additional treatments. Although our data and criteria for evaluating response to treatment are limited, it is important to draw attention to the clinical results of proceeding in accordance with the guidelines in the treatment of schizophrenia. Evaluating the response to clozapine treatment needs studies with stronger data and larger sample sizes.

Disclosure of Interest: None Declared

EPP0450

A specialized unit for women with schizophrenia: Results from the healthcare model Observatories-Monitoring Stations and Interventions.

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Introduction: There are many theoretical reasons to implement gender-specific care for schizophrenia. For all these reasons, the Mutua Terrassa-Functional Unit for Women with Schizophrenia was inaugurated in January 2023 in the context of a community mental health service.

Objectives: Our aim today is to describe the health care model applied in this newly initiated unit.

Methods: We created a healthcare model in our new unit consisting of A) Five observatories of Health (somatic morbi-mortality, hyperprolactinemia-HPRL, substance use disorders, social exclusion/discrimination, and drug safety); B) Monitoring stations or vigilance teams (reflecting the 5 observatories); and C) resulting actions (specific interventions). The observatory teams each meet monthly. In this presentation, according to the healthcare model we implemented, we first describe data about the original patient recruitment and then focus on the observatories of somatic morbi-mortality and hyperprolactinemia.

Results: From 265 potentially eligible women, 42 were included in the 5 observatories. (A) of the 11 women in the observatory of somatic morbi-mortality, 10 women had died within the last 24 months. Causes of Death: (1) respiratory tract disease ($n=5, 45.4\%$), (2) cancer ($n=3; 27.3\%$): lung cancer ($n=1$), pancreatic cancer ($n=1$), kidney cancer ($n=1$), (3) ischemic colitis ($n=1; 9\%$), (4) Alzheimer disease ($n=1; 9\%$). 2) Morbidity. One woman had an ongoing glioblastoma. (B) Observatory of HPRL. Eight women with moderate/severe HPRL were included. Strategies for lowering prolactin levels were discussed with neuroendocrinologists. Interventions: adjunctive aripiprazole ($n=3$), switch to aripiprazole ($n=2$), lowering antipsychotic doses ($n=2$), and adjunctive cabergoline ($n=1$).

Conclusions: Designating special teams to focus on specific problems of women with schizophrenia will reduce morbidity and improve outcomes in this vulnerable population.

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EPP0451

NADPH-dependent peroxidase activity of antibodies in patients with schizophrenia

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Introduction: The development of oxidative stress in patients with schizophrenia is associated with changes in the level of activity of antioxidant enzymes. It is likely that catalytically active antibodies (abzymes) can take on these functions. Abzymes are antibodies with enzymatic activity. Catalase and SOD activity of abzymes was previously detected in patients with schizophrenia. But NADPH-dependent peroxidase activity has not been studied. The present work discusses the protective role of abzymes against reactive oxygen species within the pathogenesis of schizophrenia.

Objectives: The aim of the study was to investigate the NADPH-dependent peroxidase activity of IgG in patients with paranoid