

Methods: The intervention included a 12-week aerobic exercise program and a session of lifestyle psychoeducation. Effectiveness was measured in terms a wide range of outcomes involving physical and psychological health, functioning, quality of life, physical activity and changes in motivation to exercise in the context of the self-determination theory.

Results: The active intervention group showed benefits after Bonferroni correction over clinical global impression, identified motivation to exercise and changes of physical activity pattern. Maintenance of effects after 24 months of follow-up was observed for identified regulation to exercise and also for negative symptoms of psychosis (Table). Table. Effects assigned-group/time-over * $p \leq 0.05$ ** $p \leq 0.01$.

Variables	12weeks	24months	Time	Groupxtime	Groupx time x gender
	p	p	p	p	p
HDL (mg/dl)		0.021*			
Negative Syndrome Scale	0.044*	0.004**			
BREQ-2- Extrinsic regulation	0.008**	0.004**			
-External	0.026*				
-Introjected		0.038*			
-Identified	0.018*	0.015*	0.003**	0.002**	
BREQ-2- Intrinsic regulation				0.005**	0.004**
Pedometer (steps/day)			0.001**	0.006**	

Conclusions: A combined intervention on SSD outpatients with MetS showed effectiveness over several clinical parameters and functioning. Therefore, should be considered an essential part of the integral treatment in mental health services for SSD patients.

Disclosure: No significant relationships.

Keywords: non-affective psychosis; exercise; Quality of Life; cardiometabolic risk

EPP0018

Schizophrenia: Study of Tendency and Distribution

C. Vilella Martín*, P. García Vázquez, P. Fernández Perea, Y. Barrera García, A. Serrano García, R. Gómez Martínez and C. Franch Pato

Complejo Asistencial Universitario de León, Psychiatry, LEÓN, Spain

*Corresponding author.

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Introduction: The prevalence of schizophrenia is close to 1 percent internationally. According to the 2019 census, the population in the province of León, our study population, is 460,001 inhabitants.

Objectives: To study the distribution of schizophrenia in the area covered by the Complejo Asistencial Universitario de León, Spain.

Methods: This is a retrospective and cross-sectional descriptive study. The data of the hospitalizations of the last 10 years (2009-2019) will be obtained in any service of the CAULE of the 28 basic health areas of the province of León, with a diagnosis of schizophrenia. Prevalence will be calculated. The rate of schizophrenia will be calculated for the decade per 1000 inhabitants.

Results: 3133 admissions identified 1576 unique patients. It is the decade of 50-59 where the largest number of hospitalizations is concentrated. Most entered directly into the psychiatry hospital care. It is 2019 where the most income is produced and 2017 the one with the least. The rate of schizophrenia is 3,2 Per 1000 inhabitants.

Conclusions: Hospitalizations for schizophrenia is concentrated in the decade of the 40-49 years. The diagnosis of schizophrenia is frequently delayed until negative symptoms appear. There is an upward trend in hospitalizations per year in the last decade. The rate of schizophrenia is higher in areas where consanguinity is present and where the prison is located.

Disclosure: No significant relationships.

Keywords: schizofrenia; distribution; Hospitalizations

EPP0019

Implementation of a lifestyle and life-skills intervention to prevent weight-gain and cardiometabolic abnormalities in people with first-episode psychosis: the Keeping the Body in Mind program

J. Curtis^{1,2*}, S. Teasdale², R. Morell², P. Wadhwa², O. Lederman¹, H. Fibbins¹, A. Watkins³ and P. Ward^{2,4}

¹South Eastern Sydney Local Health District, Keeping The Body In Mind Program, Bondi Junction, Australia; ²UNSW Sydney & Mindgardens Neuroscience Network, School Of Psychiatry, Bondi Junction, Australia; ³University of Sunshine Coast, Mind And Neuroscience - Thompson Institute, Birtinya, Australia and ⁴Ingham Institute for Applied Medical Research, Schizophrenia Research Unit, Liverpool, Australia

*Corresponding author.

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Introduction: The development of obesity and metabolic abnormalities that seed future ill-health occur early with antipsychotic treatment. In 2013, the 12-week Keeping the Body in Mind (KBIM) pilot lifestyle intervention was delivered to a small sample of youth experiencing first-episode psychosis (FEP) with <4 weeks of antipsychotic exposure in a cluster-controlled design. The control group experienced significant increases in weight (mean 7.8kg) and waist circumference (mean 7.1cm) compared to non-significant increases (mean 1.8kg) in the KBIM group.

Objectives: To evaluate the effect of KBIM as routine care on anthropometry and metabolic biochemistry in a larger sample of youth with FEP across three mental health services.

Methods: This retrospective chart audit was conducted on youth with FEP, prescribed a therapeutic dose of antipsychotic medication, and who engaged with KBIM between 2015 and 2019. Primary outcomes were weight and waist circumference. Secondary outcomes were blood pressure, blood glucose and blood lipids. Outcomes were collected in a pre-post design. Implementation elements were also obtained from the participant's medical file.