headache (2.17%), akathisia (1.74%) and restlessness (1.3%) were the most common. Most events were mild in severity (66.1% mild, 32.2% moderate, 1.7% severe (insomnia)).

Conclusions: While not definitive, and limited by small sample size, the co-administration of cariprazine with other antipsychotics did not show an unexpected safety profile or overlapping toxicities. This is an important finding, if intermittent or longer co-administration of other antipsychotics are unavoidable with cariprazine treatment.

Conflict of interest: Studies were funded by Gedeon Richter Plc. and Allergan Plc (prior to its acquisition by AbbVie). Dr Vass, Dr Barabássy, Dr Laszlovszky, Dr Sebe, Dombi, Dr Szatmári and Dr Németh are employees of Gedeon Richter Plc.

Keywords: Cariprazine; schizophrénia; polypharmacy; safety

EPP1215

Multivariate approach to identify electrophysiological markers for diagnosis and prognosis of schizophrenia

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Introduction: Different electrophysiological indices have been investigated to identify diagnostic and prognostic markers of schizophrenia (SCZ). However, these indices have limited use in clinical practice, since both specificity and association with illness outcome remain unclear. In recent years, machine learning techniques, through the combination of multidimensional data, have been used to better characterize SCZ and to predict illness course.

Objectives: The aim of the present study is to identify multimodal electrophysiological biomarkers that could be used in clinical practice in order to improve precision in diagnosis and prognosis of SCZ.

Methods: Illness-related and functioning-related variables were measured at baseline in 113 subjects with SCZ and 57 healthy controls (HC), and after four-year follow-up in 61 SCZ. EEGs were recorded at baseline in resting-state condition and during two auditory tasks (MMN-P3a and N100-P3b). Through a Linear Support Vector Machine, using EEG data as predictors, four models were generated in order to classify SCZ and HC. Then, we combined unimodal classifiers' scores through a stacking procedure. Pearson's correlations between classifiers score with illness-related and functioning-related variables, at baseline and follow-up, were performed.

Results: Each EEG model produced significant classification (p < 0.05). Global classifier discriminated SCZ from HC with accuracy of 75.4% (p < 0.01). A significant correlation (r=0.40, p=0.002) between the global classifier scores with negative symptoms at follow-up was found. Within negative symptoms, blunted affect showed the strongest correlation.

Conclusions: Abnormalities in electrophysiological indices might be considered trait markers of schizophrenia. Our results suggest that multimodal electrophysiological markers might have prognostic value for negative symptoms.

Keywords: schizophrénia; EEG; machine learning; negative symptoms

EPP1216

Risk factors for psychotic relapse in chronic schizophrenia after dose-reduction or discontinuation of antipsychotics. A systematic review and meta-analysis

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Introduction: Patients are often treated with high doses or combinations of antipsychotics, which may hamper recovery. Dose-reduction (DR) or discontinuation of antipsychotic medication in chronic patients carries the risk of psychotic relapse.

Objectives: To identify risk factors of psychotic relapse after DR or discontinuation, we (i) determined the rate of relapse after DR or discontinuation in patients with chronic schizophrenia, and (ii) assessed risk factors for psychotic relapse.

Methods: From studies on dose-reduction from January 1950 through June 2019 we calculated event rates per person-years including 95% confidence intervals. We extracted: (1) patient characteristics (age, percentage of male subjects, setting, duration of illness), (2) dose-reduction/discontinuation characteristics (start-dose, end-dose, dose-reduction in milligrams and percentage of start-dose, time-period of dose-reduction), (3) follow-up characteristics (time after dose-reduction), and (4) study characteristics (blinding, publication-year and relapse definition).

Results: 46 unique cohorts, presenting 1677 patients in which doses were reduced/discontinued were included in meta-analysis. We found an overall event rate per person-years on psychotic relapse of 0.55 (CI95% 0.46-0.65;p<0.0001;I^2=79). Most robust event rates for psychotic relapse were seen for discontinuing antipsychotics, and if not discontinuing, dose-reduction till under 5mg haloperidol equivalents daily (HE). Abrupt reduction yielded higher rates than gradual reduction. During short follow-up time more relapses occurred than in studies with long follow-up time.

Conclusions: In patients with chronic schizophrenia discontinuing, and to a lesser extent DR till end-dose<5mgHE, patients who reduce doses abrupt, inpatients, and patients with a short duration of illness carry highest relapse risk. Most relapses occur during the first half year after DR.

Keywords: dose reduction; Relapse; Risk factors; meta-analysis

EPP1218

Quality of life assessment in patients with negative symptoms

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Introduction: One or more negative symptoms are present in 57,6% of patients with schizophrenia spectrum disorder [Bobes et al, 2010]. These symptoms are responsible for impaired social functioning and have impact on the quality of life. There are no epidemiological studies that analyse the prevalence of negative symptoms and their impact on life quality in Lithuania.
Objectives: To evaluate the impact of negative symptoms on quality of life in patients with schizophrenia spectrum disorder.
Methods: Participants were 48 adults with schizophrenia (n=36) or schizoaffective disorders (n=12). All participants provided informed consent. All participants were administered a sociodemographic data form, Brief Psychiatric Rating Scale (BPRS), Mini-International Neuropsychiatric Interview (MINI). Negative symptoms were assessed by the Self-evaluation of Negative Symptoms (SNS). The Short-Form Health Survey (SF-36) was used to measure health-related quality of life.
Results: The results of SF-36 scales significantly correlated with SNS subscales. All SNS subscales correlated with general health result, vitality, social functioning and emotional well-being as well as in overal quality of life. Signifficant correlations were observed between the total scores of SNS and physical activity (r=-0,404, p=0,004), general health (r=-0,626, p<0,001), vitality (r=-0,683, p=0,004), social functioning (r=-0,53, p<0,001), role limitations (r=0,354, p=0,014), emotional well-being (r=-0,662, p<0,001) in SF-36 scales.
Conclusions: Negative symptoms of schizophrenia such as social withdrawal, diminished emotional range, alogia, avolition and anhedonia are associated with impaired quality of life. We found a strong relation between negative symptoms and quality of life, however further studies can support this point of view.

Keywords: negative symptoms; schizophrénia; SNS scale

EPP1221

Falling into a burning ring of fire: A case of psychosis unmasking hidden neurosyphilis

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Introduction: The first description of syphilis was made in Europe around the year 1493, and although perceived as a disease relegated to its historical importance, recent studies demonstrate that the prevalence of these infections is on the rise. Spanning decades after initial infection, 30% of affected individuals without treatment may develop tertiary syphilis, which includes neurosyphilis. Its notoriously "chameleon-like" presentation implies the necessity to not overlook neurosyphilis as a differential diagnosis in psychiatric settings.
Objectives: Case report study and discussion.
Methods: The authors present a case of affective and psychotic symptoms (including auditory and visual hallucinations and persecutory delusions) of rapid onset in a 61-year old woman without prior psychiatric history. A clinical investigation was conducted, which subsequently revealed a positive Venereal Disease Research Laboratories (VDRL) test. A lumbar puncture was performed and cerebrospinal fluid analysis confirmed neurosyphilis.
Results: Steady improvements in initial psychopathological manifestations were noted after completing recommended treatment for neurosyphilis. After discharge, the patient was medicated with an antidepressant and antipsychotic, demonstrating a complete return to baseline mentation and functionality on follow-up.
Conclusions: This case demonstrates the vital importance of considering syphilis in our differentials, especially due to the wide range of manifesting psychiatric symptoms. Although considered a disease of the past, this case reminds us that syphilis remains present in our society and its timely diagnosis and treatment can ameliorate the debilitating psychopathological manifestations of the disease. Due to the potential difficulties in identifying this great imitator, routine screening tests are still recommended in the psychiatric setting.

Keywords: psychosis; Neurosyphilis; differential diagnosis

EPP1225

Satisfaction of the quality of life in patients with schizophrenia

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Introduction: Schizophrenia is a chronic mental disorder that has a significant impact on quality of life satisfaction in patients with schizophrenia.
Objectives: The objective of this study was to examine the impact of socio-demographic factors and psychotic symptoms on quality of life satisfaction in patients with schizophrenia.
Methods: Participants were outpatients of Hedi chaker University Hospital Center in sfax, Tunisia, recruited between January and July of 2019, diagnosed with schizophrenia or schizoaffective disorder. A Demographic questionnaire, the Positive and Negative Syndrome Scale (PANSS) and The Quality of life satisfaction and enjoyment Questionnaire (Q-LES-Q) were administered in this study.
Results: 50 patients were included in this study with an average age 40,80 ±9,7. The majority of patients were single (72%), unemployed (60%), without medical heredity (80%) and living with their families (92%). The average score of the positive symptom scale (PANS) was 17.46 (SD = 9.1), the negative symptom scale (PANS) was 12.35 (SD = 7.4) and the psychopathological scale (PANS) was of 27.83 (SD = 14.7). the higher the score of the positive symptom scales (p <10-3) the negative scale score (p <0.002) and the