appropriate treatment strategies. Future research will further contribute to a deeper understanding of the impact of psychiatric disorders on cardiovascular health and aid in the development of effective interventions to minimize these effects.
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EPP0453

Medication choice and psychosis Hospital readmissions: A two-year comparative study

O. Martin-Santiago*, M. Calvo-Valcarcel, P. Martinez.Gimeno, C. Alario-Ruiz and B. Arribas-Simon

Hospital Clinico Universitario, Valladolid, Spain
*Corresponding author.
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Introduction: Hospital readmissions in psychosis are a critical concern, with medication choice playing a vital role. Oral antipsychotics, though common, rely on patient adherence and can lead to relapses if not followed. Long-acting injectable atypical antipsychotics (LAIAs) provide an alternative, ensuring consistent medication release and reducing relapse risk due to missed doses. Studies indicate that LAIAs result in fewer readmissions due to improved adherence. Tailoring treatment to individual needs is essential. Medication choice significantly influences hospital readmission prevention in psychosis. LAIAs, which could offer greater adherence to treatment and symptom control, present a promising option. Individualized treatment decisions are a priority for long-term recovery.
Objectives: This study aimed to compare the hospital readmission rates within two years post-discharge among two groups of patients diagnosed with schizophrenia and other psychotic disorders who received either oral antipsychotic treatment or LAIAs.
Methods: We collected sociodemographic and hospitalization data from 155 patients, 90 receiving oral antipsychotics and 65 receiving LAIAs, following their discharge from a psychiatric unit.
Results: There were 90 patients in the oral treatment group, and 65 in the LAIA group, with 67.6% receiving paliperidone and 26.1% receiving aripiprazole. There were no significant differences in age or gender between the two groups. However, patients in the LAIA group had *longer stays in the hospital* (M=14.7; SD=10.2 vs M=11.1; SD=6.4; $t_{(153)}$=2.67; p<.01) and a higher number of prior admissions (M=3.2; SD=3.7 vs M=1.3; SD=3.5; $t_{(153)}$=2.41; p<.01) compared to the oral antipsychotic group. Additionally, a higher percentage of patients in the LAIA group were diagnosed with schizophrenia (60%) compared to the oral antipsychotic group (24%) ($X^2_{(1, N = 155)}$= 20.4, p<.01). After two years, readmission rates were 66.6% for the oral antipsychotic group and 61.5% for the LAIA group ($X^2_{(1, N = 155)}$= 8.5, p > .05). However, the time to readmission was shorter for patients on oral antipsychotics (M=172.4; SD=162.0) compared to those on LAIAs (M=326.2; SD=211.4; $t_{(153)}$=3.05; p<.01). Notably, 86.6% of patients on oral antipsychotics were readmitted within the first year, while only 52% of those on LAIAs experienced readmission during the same period ($X^2_{(1, N = 155)}$= 8.5, p = .001).
Conclusions: Long-acting injectable antipsychotics (LAIAs) appear to reduce hospital readmissions, with a more pronounced effect in the first few months post-discharge. However, after two years, the readmission rates between LAIAs and oral antipsychotics become comparable. This data suggests that while LAIAs may reduce early readmissions, their long-term effectiveness is on par with oral antipsychotics.

Disclosure of Interest: None Declared

EPP0454

Attention flexibility is associated with retinal cup-to-disk ratio in patients with schizophrenia spectrum disorders

S. Jerotic[1,2]* and N. Maric[1,3]

[1]Faculty of Medicine, University of Belgrade; [2]Clinic for Psychiatry, University Clinical Centre of Serbia and [3]Institute of Mental Health, Belgrade, Serbia
*Corresponding author.
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Introduction: In recent years, there has been increasing interest in the potential use of retinal imaging as a non-invasive and easily accessible tool for investigating the neurobiological underpinnings of schizophrenia. Studies have suggested that patients with schizophrenia spectrum disorders (SSD) have structural abnormalities in the retina, including changes in retinal thickness and the ratio of the retinal cup-to-disk ratio.
Objectives: To investigate the relationship between retinal cup-to-disk ratio and cognitive performance in patients with SSD using a high-definition retinal imaging device – optical coherence tomography (OCT) scanner.
Methods: The sample was comprised of twenty patients with SSD (F20-F29 according to ICD-10 criteria). All diagnoses were confirmed by a researcher using the Mini International Psychiatric Interview. All patients underwent complete ophthalmological examination, excluding any ocular pathology. Retinal thickness was measured in both eyes of all patients with a high-definition spectral-domain OCT device. Examined retinal parameters were: total retinal nerve fiber layer thickness (RNFL); RNFL thickness in all eye quadrants (nasal, temporal, superior, inferior); RNFL symmetry; average macular volume (MV); average macular thickness (MT); ganglion cell layer thickness (GC); average retinal cup-to-disk (C/D) ratio, vertical C/D ratio. Cognitive performance of all patients was tested using the Intra/Extradimensional Set Shift Task (IED). IED is a component of a state-of-the-art computerized battery for cognitive assessment – Cambridge Neuropsychological Automated Test Battery. IED is a measure of maintenance, shifting and flexibility of attention. Associations between retinal variables and IED measures were determined with Pearson correlation analyses.
Results: Mean age of patients was 33 ± 7.5 years. Fifty five percent of the sample was male, illness duration was 6.2 ± 3.9 years. Daily dosage of chlorpromazine was 225.7 ± 108.8 mg. Retinal C/D ratio in the right eye was positively associated with IED total errors (r=0.50; p=0.02) and negatively with IED stage progression (r=-0.52, p=0.18). Likewise, vertical C/D ratio was positively associated with IED total errors (r=0.49; p=0.02) and negatively with IED stage progression (r=-0.52, p=0.18).
Conclusions: Previous analyses of retinal parameters in patients with schizophrenia point towards enlargement of retinal cup-to-

disk ratio, irrespective of any underlying somatic comorbidities. Our data shows worsening of attention flexibility in association with the increase of cup-to-disk ratio in patients with schizophrenia spectrum disorders. The significance of cup-to-disk retinal disturbance in schizophrenia spectrum disorders and its connection with cognitive performance should be further evaluated and supplemented with measurements of functional adaptation in these patients.

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EPP0456

Schizo - obsessive disorder - separate clinical entity or elusive comorbidity? - a systematic review

R. Niewiadomski[1]*, J. Maciejczyk-Kawecka[1], M. A. Ciołek[2], K. Wilczyński[1,3] and M. Janas-Kozik[1,3]

[1]Pediatric Centre of John Paul II, Sosnowiec; [2]Students' scientific association at the Department of Psychiatry and Psychotherapy of Developmental Age and [3]Department of Psychiatry and Psychotherapy of Developmental Age, Medical University of Silesia, Katowice, Poland
*Corresponding author.
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Introduction: In some clinical scenarios obsessive and delusive symptoms exhibit several similarities, making it challenging to differentiate between schizophrenia spectrum disorder (SSD) and obsessive-compulsive disorder (OCD). There are numerous reports of patients suffering from those disorders and manifesting both psychotic and obsession-like features, which makes accurate distinction even more complicated. We found several conflicting theories attempting to elucidate this overlap, one being the existence of the separate clinical entity - schizo-obsessive disorder.
Objectives: The aim of this study is to consolidate current knowledge, synthesize existing theories and explore diagnostic implications.
Methods: We conducted a systematic literature review following the PRISMA protocol, we scrutinized studies addressing obsession-like symptoms in SSD, psychotic symptoms in OCD, and comorbidity of those disorders. We included peer-reviewed non-interventional studies published in English and Polish from 2013 onwards. The search was performed in the following medical databases: PubMed, Science Direct, Scopus, and Web of Science. Synthesis utilized a narrative approach due to diverse study designs, outcomes and observational nature of the collected data.
Results: We identified several dozen articles, which revealed a range of diverse findings, often inconclusive, and occasionally conflicting, Although, the collected data indicate the schizo-obsessive spectrum exhibits clinical relevance.
Conclusions: The ambiguity in results emphasizes the necessity for further investigations into pathomechanism of schizophrenia and OCD. Future research, particularly involving children and adolescents, should strive for a comprehensive understanding of the nuanced manifestations of obsessive-like and psychotic symptoms in both disorders, aiding in refining diagnostic criteria and developing effective intervention strategies.

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EPP0457

Psychosis following traumatic brain injury: A case study and a brief overview

H. Khiari*, A. Hakiri, S. Rouai and R. Ghachem

Psychiatry B, Razi hospital, Mannouba, Tunisia
*Corresponding author.
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Introduction: Psychosis resulting from traumatic brain injury (TBI) is a relatively uncommon but potentially severe and disabling outcome. The complex relationship between TBI and the onset of psychosis is marked by significant scientific uncertainty and differing opinions.
Objectives: To investigate the occurrence of psychosis following traumatic brain injury (TBI) and explore the intricate relationship between TBI and the development of psychosis.
Methods: A comprehensive case report was conducted on a 38-year-old patient who, after a severe TBI at the age of 23, exhibited signs of psychosis. Developmental history, family background, clinical assessments, magnetic resonance imaging (MRI), and electroencephalogram (EEG) results were analyzed.
Results: The patient, at the time of writing aged 38, was born at full term with a regular presentation and uneventful delivery, with no indications of perinatal or obstetric complications. Developmentally, he reached all milestones within the expected range, and there were no significant premorbid characteristics. There was no family history of schizophrenia in a first- or second-degree relative; a paternal cousin had had psychosis-like symptoms, but reportedly remained well without any medication.
At the age of 23, the patient was knocked from his motorcycle by a car and sustained a severe traumatic brain injury (TBI), with initial loss of consciousness and was in a coma state for approximatively a month, with later sequelae of cerebellar syndrome and predominant right-sided pyramidal syndrome.
Magnetic resonance imaging (MRI) a year following the TBI showed sequelae of bifrontal and temporal contusion lesions.
An EEG did not indicate any evidence of epilepsy, and a repeat EEG 14 years later revealed no diagnostic abnormality.
A year after the accident, his surroundings have noticed social withdrawal, a turning inward with a religious fervor, and persecutory remarks focused on his brother. At the age of 26, he presented to a psychiatric service having auditory hallucinations. He was deluded, believing himself to be a prophesied redeemer figure who is expected to appear and bring justice and righteousness to the world. He had an inappropriate affect. A diagnosis of schizophrenia was made, and neuroleptics prescribed. His auditory hallucinations faded, but the subsequent course was of repeated episodes of florid psychosis requiring maintenance neuroleptic treatment, eventually haloperidol decanoate (150mg monthly).
Conclusions: Psychosis following TBI is an uncommon yet potentially severe consequence, carrying the risk of significant debilitation. The relationship between TBI and psychosis is complex, but notable distinctions exist in clinical, epidemiological, and neurobiological aspects when compared to primary psychotic disorders.

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