Image:

Table 1. Comparison of socio-demographic factors according to depression and suicidal ideation

Variable		Total	Depression*	P	Suicidal ideation	P
Gender	Man	586(24.2)	133(22.7)	0.058	93(15.9)	<0.001
	Woman	1837(75.8)	489(26.6)		425(23.1)	
Age	65–69	196(8.1)	29(14.8)	0.001	36(18.4)	0.014
	70–74	408(16.8)	94(23)		76(18.6)	
	75–79	561(23.2)	156(27.8)		116(20.7)	
	80–84	697(28.8)	176(25.3)		141(20.2)	
	>=85	561(23.2)	167(29.8)		149(26.6)	
Living status	Alone	1354(55.9)	424(31.3)	<0.001	323(23.9)	0.001
	With others	1069(44.1)	198(18.5)		195(18.2)	
Perceived health status	Poor	1352(55.8)	483(35.7)	<0.001	374(27.7)	<0.001
	Neutral	602(24.8)	92(15.3)		89(14.8)	
	Healthy	469(19.4)	47(10)		55(11.7)	
Physical disease	Yes	2126(87.7)	579(27.2)	<0.001	482(22.7)	<0.001
	No	297(12.3)	43(14.5)		36(12.1)	
Physical Function _Walking	restricted	45(1.9)	15(33.3)	0.235	18(40)	0.002
	possible	2378(98.1)	607(25.5)		500(21)	
Physical Function _Standing	unable	34(1.4)	15(44.1)	0.013	13(38.2)	0.016
	possible	2389(98.6)	607(25.4)		505(21.1)	
Physical Function _House chore	unable	96(4)	39(40.6)	0.001	39(40.6)	<0.001
	possible	2327(96)	583(25.1)		479(20.6)	

Values are presented as a number (%). *GDS >=8, *includes single/separated/divorced/widowed.

Image 2:

Table 2. Comparison of COVID-19 related factors according to depression and suicidal ideation

Variable		Total	Depression		Suicidal ideation	
		N(%)	N(%)	P	N(%)	P
Worry of COVID-19 infection	Yes	1490(61.5)	464(31.1)	<0.001	355(23.8)	<0.001
	No	933(38.5)	158(16.9)		163(17.5)	
Worry of COVID-19 infection of family	Yes	1779(73.4)	522(29.3)	<0.001	407(22.9)	0.003
	No	644(26.6)	100(15.5)		111(17.2)	
Worry of damage to others	Yes	1773(73.2)	518(29.2)	<0.001	408(23)	0.001
	No	650(26.8)	104(16)		110(16.9)	
Loss of income	Yes	813(33.6)	271(33.3)	<0.001	204(25.1)	0.002
	No	1610(66.4)	351(21.8)		314(19.5)	
Restriction of daily activity	Yes	1227(50.6)	400(32.6)	<0.001	296(24.1)	0.001
	No	1196(49.4)	222(18.6)		222(18.6)	

Image 3:

Table 3. Factors associated with depression and suicidal ideation according to multivariate logistic regression

Variable	Depression			Suicidal ideation		
	OR	95% CI	p	OR	95% CI	p
Gender_Man	0.822	0.634-1.066	0.139	1.342	1.007-1.787	0.045
Living status_ Alone	1.691	1.355-2.109	<0.001	0.933	0.737-1.18	0.563
Perceived health status_ Poor(reference Healthy)	3.977	2.823-5.603	<0.001	1.665	1.186-2.337	0.003
Physical Function_House work_unable	1.610	0.96-2.698	0.071	1.868	1.098-3.177	0.021
Worry of COVID-19 infection_Yes	1.458	1.094-1.942	0.010	1.088	0.798-1.483	0.593
Loss of income_Yes	1.258	0.994-1.593	0.056	1.205	0.929-1.563	0.160
Restriction of daily activity_Yes	1.509	1.193-1.909	0.001	0.962	0.745-1.243	0.769
Depression high risk_Yes	—	—	—	4.505	3.598-5.642	<0.001

Conclusions: These findings showed that increased risk factor for depression and suicidal ideation in community dwelling elderly during COVID-19 pandemic. We confirmed that feelings of isolation and negative perception of health were risk factors on depression in community dwelling elderly in the context of the COVID – 19 pandemic. Also male, poor self-perceived health status, difficulty of independent living and worry and depression are increased the risk of suicidal ideation among the elderly.

Disclosure of Interest: None Declared

Schizophrenia and Psychosis 1

O0127

Antipsychotic treatment and cognitive function in patients with schizophrenia

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Introduction: It is known that cognitive impairment is one of the main symptoms of schizophrenia, which determines the functional outcome. The question of the effect of antipsychotics on the cognitive functions of these patients is still unresolved. Cognitive impairment while taking antipsychotics is thought to be mostly related to extrapyramidal abnormalities. In practice, it is difficult to distinguish what causes a patient's complaints of cognitive decline. Is it related to taking the medication? Or a worsening mental state? Age, lifestyle, etc.?

Objectives: We analyzed the relationship of cognitive impairment with the severity of extrapyramidal symptoms, mental status gravity, age, and dose of antipsychotic and cholinergic medication at weeks 2 and 8 of treatment.

Methods: We examined 37 patients with schizophrenia on stable antipsychotic treatment at weeks 2 and 8 of therapy. Thirty patients received a 2nd-generation antipsychotic, and seven patients received a 1st-generation antipsychotic. The anticholinergic drug was trihexyphenidyl. The antipsychotic dose was estimated in olanzapine equivalent. Extrapyramidal symptoms were assessed by The Scale for Extrapyramidal Symptoms (SAS), severity of mental condition was rated by The Positive and Negative Syndrome Scale (PANSS), cognitive function was measured by The Brief Assessment of Cognition in Schizophrenia (BACS).

Results: As previously described, patients with more severe extrapyramidal symptoms tended to have lower BACS composite scores (rxy = -0.318, p-value = 0.055) at week 8 of therapy. The total score on the SAS scale, as expected, only negatively correlated with scores on the Token Motor Task test (rxy = -0.412, p-value = 0.011) at the 8th week of therapy. There were also negative correlations between

Token Motor Task scores and trihexyphenidyl dose (rxy = -0.496, p-value = 0.002). At both weeks 2 and 8, there was a negative relationship between age and Symbol Coding scores (rxy = -0.387, p-value = 0.018; rxy = -0.35, p-value = 0.034, respectively). Verbal Fluency scores were lower in patients with high scores on the PANSS excitement component and at week 2 (rxy = -0.42, p-value = 0.01), this trend continued at week 8 (rxy = -0.31, p-value=0.063) . Tower of London scores were negatively associated at week 8 with cognitive and positive PANSS scores (rxy = -0.46, p-value = 0.004; rxy = -0.336, p-value = 0.042, respectively).
Conclusions: Thus, we have demonstrated that cognitive impairment in patients with schizophrenia is associated with various factors, and not only antipsychotic treatment.

Disclosure of Interest: None Declared

O0128

Changes in inflammatory parameters and their impact on clinical symptoms in patients suffering from schizophrenia

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Introduction: One of the factors influencing the symptoms of schizophrenia, which may indicate changes in the cognitive functioning of patients, is the fluctuating level of inflammatory cytokines.
Objectives: The aim of the review was to analyze the available literature on the importance of selected inflammatory factors [interleukin-1β (IL-1β), interleukin-6 (IL-6), interleukin-8 (IL-8), interleukin-10 (IL-10), of tumor necrosis α (TNF-α)] in schizophrenia and the assessment of the impact of changes in cytokine levels on the occurrence of schizophrenia symptoms.
Methods: For this purpose, available scientific publications from following databases: PubMed, Scopus, Google Scholar were used to prove that the levels of selected inflammatory parameters changed in people suffering from schizophrenia. Moreover, fluctuations in cytokine concentrations influenced the occurrence of negative symptoms of schizophrenia, including cognitive disorders, as well as psychotic symptoms.
Results: An increase in the concentration of IL-1β in the cerebrospinal fluid of patients with the first episode of schizophrenia has been described, which may indicate the involvement of the cytokine in the inflammatory process involving the CNS. The increased level of IL-6 is associated with the occurrence of psychotic disorders, it is also noted in stressful conditions. IL-6 is qualified as an indicator of exacerbation of schizophrenia, which normalizes after antipsychotic treatment. In the blood of patients with paranoid schizophrenia, elevated levels of IL-8 and IL-6 were detected compared to healthy individuals, which indicates the development of an inflammatory process in schizophrenia. The relationship between the level of IL-8 in women in the second trimester of pregnancy and the risk of developing schizophrenia spectrum disorder in children has been proven. Untreated patients with acute psychotic symptoms showed an increase in the level of TNF-α in the blood serum (compared to healthy subjects). An increase in the level of TNF-α in the blood serum of patients with an acute relapse of schizophrenia or the first episode of psychosis was also demonstrated. In conclusion, the relationship of IL-6 and TNF-α with the occurrence of psychotic disorders, the relationship of IL-1β with the appearance of changes in mood, behavior, including cognitive dysfunction, the relationship of IL-8 with the risk of developing schizophrenia spectrum disorder in children, the relationship of reduced concentrations of IL-10 with the intensification of negative symptoms, including cognitive deficits.
Conclusions: In conclusion, the analysis showed that patients with schizophrenia fluctuate in the concentration of inflammatory cytokines, which affects the occurrence of clinical symptoms.

Disclosure of Interest: None Declared

O0129

Changes in quality of life in treatment-resistant schizophrenia patients undergoing VR-assisted therapy for auditory verbal hallucinations: A content analysis

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Introduction: VR-Assisted Therapy (VRT) for auditory verbal hallucinations has been demonstrated to have a significant impact on the symptoms, beliefs, and quality of life of patients with treatment-resistant schizophrenia. However, little is known about how these changes are implemented into their lives and on which aspects these improvements occur.
Objectives: This study aimed to qualitatively explore changes in the quality of life of patients who underwent VRT in the context of an ongoing clinical trial.
Methods: Ten consecutive patients enrolled in an ongoing clinical trial were assessed using semi-guided interviews before as well as 3 months after VRT. These encounters have been recorded and transcribed. Then, the content of the participants' discourse was thoroughly analyzed, leading to the generation of an extensive theme grid. Each utterance was then coded by at least two members of the research team, and each disagreement was then discussed in a group format until a consensus was reached. As the cases were analyzed, the grid was adapted in a back and forth manner. New participants were included until data saturation occurred.
Results: The content analysis allowed the identification of nine main themes representing different aspects of the patients' quality