

delusional ideation, with appropriate, organized and releasable. Treatment with IM aripiprazole is agreed upon for discharge.

Clinical judgement: Paranoid schizophrenia (F20.0)

**Conclusions:** With this case, we intend to remember that anti-psychotics affect different spheres of the patient's life that can hinder adherence to treatment, and that we often do not take into account. In this specific case, Abilify Maintena is useful because it does not cause sexual dysfunction, which facilitates treatment adherence and greater patient involvement, which gives us greater opportunities for social integration.

**Disclosure of Interest:** None Declared

## EPV1022

### Contribution of neurological soft signs' studies to the understanding of the pathophysiology of schizophrenia

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**Introduction:** Neurological soft signs (NSS) have long been described in schizophrenic patients. However, recent studies focusing on first-episode psychosis and at-risk mental states have brought up some aspects that may point to a neurodevelopmental underpinning of the disease.

**Objectives:** We aimed to review the published literature concerning NSS and psychosis and critically analyze it in regard to how it may constitute a body of evidence favouring the neurodevelopmental hypothesis of schizophrenia.

**Methods:** We conducted a Pubmed® research using the following terms "neurological soft signs", "psychosis", "psychotic" and "first-episode".

**Results:** The studies that have been carried out found a gradation of NSS scores that had its minimum values in healthy controls, intermediate scores in at-risk mental state individuals, and highest scores in first-episode psychosis. NSS correlate with various brain imaging anomalies, which indicates abnormal neurological function. Its scores also correlate with poorer cognitive performance and more prominent negative symptoms in the short- and long-term. Interestingly, patients who have psychotic episodes associated with cannabis use have lower NSS scores than all the other psychotic-illness diagnostic groups.

**Conclusions:** NSS might thus translate a neurological dysfunction that exists previous to the psychotic break and is a measure of one's vulnerability to psychosis. These results point to the existence of two distinct groups: one that has high NSS scores and therefore a high genetic vulnerability, needing little contribution of environmental factors to manifest a psychotic episode; and another one with low NSS scores, a smaller genetic vulnerability and a greater role played by environmental influences.

**Disclosure of Interest:** None Declared

## EPV1023

### Association between thermal balance of the brain, inflammation and response to therapy in patients with schizophrenia.

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**Introduction:** Disruption of cerebral thermal homeostasis accompanies various CNS diseases. Presumably, (neuro)inflammation and the changes of temperature heterogeneity of the cerebral cortex may be interrelated links in the pathogenesis of schizophrenia.

**Objectives:** to study the association between the brain thermal balance indicators, inflammatory markers and clinical features of the disease in patients with schizophrenia during therapy.

**Methods:** 37 patients aged 16 to 46 years with schizophrenia (F20, ICD-10) were examined. Clinical examination included psychometric assessment using PANSS, HDRS, and YMRS scales. Cortical temperature was determined by microwave radiometry. Temperature heterogeneity was assessed by calculating the Pearson correlation coefficient between temperature indicators in 9 symmetrical areas of the cerebral cortex. The activity of the proteolytic system of inflammation (ratio of leukocyte elastase (LE) and  $\alpha$ 1-proteinase inhibitor ( $\alpha$ 1-PI) activity) and the level of autoantibodies to S100B and MBP antigens were determined in patients' blood.

**Results:** Low temperature heterogeneity is related to an increase in the activity of the proteolytic system of inflammation and a good response to therapy in most patients. High temperature heterogeneity is associated with insufficient activity of the proteolytic system of inflammation and the development of autoimmune reactions, which is accompanied by a more severe course of the pathological process and, in most cases, treatment resistance.

**Conclusions:** The association between the features of the thermal balance of the brain and inflammatory markers confirms the hypothesis of their role in the pathogenesis of schizophrenia. Temperature heterogeneity of the brain can serve as a criterion for predicting of therapeutic response in patients with schizophrenia.

**Disclosure of Interest:** None Declared