

Table 1. Treatment discontinuation, hospital admissions and suicide attempts [N(%)]

N= 688	MHU (N=344)	CMP (N=344)	P value	
Treatment discontinuation	290 (84.3)	42 (12.2)	<0.00001	
	OAP	LAI	OAP	LAI
Treatment discontinuation	180(52.3)	90(26.2) ^a	34(9.9)	8(2.3) ^b
Hospital admissions	260 (75.6)	80 (23.5)	<0.001	
	OAP	LAI	OAP	LAI
Hospital admissions	180 (52.3)	80 (23.5) ^a	65 (18.9)	15 (4.4) ^b
Suicide attempts	134 (38.9)	26 (7.7)	<0.0001	
	OAP	LAI	OAP	LAI
Suicide attempts	160(46.5)	74(21.5) ^a	18(5.2)	8(2.3) ^b

^a: p<0.01 ^b: p<0.001 N: number of patients %: percentage of patients
 MHU: mental health unit CMP: case managed programme
 AP: antipsychotic FGA, SGA: first, second generation antipsychotic
 OAP: oral antipsychotic LAI: long-acting injectable antipsychotic

Conclusions: Our findings show how specific strategies as programs with an integrated treatment and case-managed approach, increase adherence. Moreover, treating with LAI APs clearly contributes to the achievement of these results. The widespread implementation of comprehensive community programs with case management, and the use of LAI-APs, should be an effective choice for people with schizophrenia and clinical severity and impairment, and at high risk of treatment discontinuation.

Disclosure of Interest: None Declared

EPV1020

Mothers and fathers with schizophrenia: Treatment and quality of life

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Introduction: Schizophrenia is a chronic disease that deteriorates the functionality of patients, especially when raising a family and caring for children. We are interested in analyzing the characteristics of mothers and fathers diagnosed with schizophrenia and their degree of global activity when switching from oral treatments to injectable treatments.

Objectives: 1 To evaluate the quality of life and functional level of mothers with schizophrenia treated with quarterly paliperidone palmitate. 2. To compare the quality of life and functional level when switching from oral treatment to long-acting injectables.

Methods: Participants were 3 mothers and 3 fathers, 33-40 years old, with a diagnosis of schizophrenia in monotherapy who

changed treatment with monthly paliperidone palmitate to quarterly paliperidone palmitate LD IM (525 mg/every 12 weeks). Retrospective data collection. QLS quality of life scale.

Results: Six patients were included, caregivers of 1 child (80%), 2 children (20%) who met the inclusion criteria and completed the questionnaires. After its application and correction by means of non-parametric tests (N<30). During oral treatment, scores are observed in the QLS questionnaire of: intrapsychic functions mean 34.2, interpersonal relationships mean 19, instrumental role mean 8, daily activities mean 8. After 12 months of treatment with intramuscular paliperidone palmitate (injectable every 12 weeks) scores were obtained: intrapsychic functions mean 36, interpersonal relationships mean 23, instrumental role mean 15, daily activities mean 11. A better functioning of the patients was observed in the instrumental categories and daily activities. As well as the patients referred better adherence to treatment.

Conclusions: In our experience, injectable long-acting Paliperidone Palmitate every 12 weeks is associated with the perception of a better quality of life in parents with schizophrenia and increases administration facilities as well as planning in their daily lives.

Disclosure of Interest: None Declared

EPV1021

PSYCHOTIC PATIENT AND AFFECTATION OF THE SEXUAL SPHERE. ABOUT A CLINICAL CASE

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Introduction: Clinical case description.

A 44-year-old male, with paranoid schizophrenia, polydrug addict and IVDU since he was 14 years old. Live alone. He is brought by the Local Police for heteroaggressiveness when he was arrested for trespassing and resisting authority. He has presented 14 hospital admissions and therapeutic communities for detoxification since 2000.

Objectives: 1. To analyze the causes of abandonment of treatment

Methods:

1. Complete medical history
2. Blood test with hormone profile
3. PRAEQ Questionnaire

Absence of child psychopathology until the age of 6, at which time his parents separate and he becomes introverted, with solitary activities and distractions. On examination, the patient is restless. Psychotic contact. Delusional speech centered on ill-structured ideas of harm, persecution and grandiose, being difficult to explore due to lack of collaboration on the part of the patient, who only accepts treatment with aripiprazole 5 mg due to sexual dysfunction with the rest of the treatments.

Results: During his admission, he has evolved from a very unstructured delusional theme and social isolation, with lax and tangential speech and refusal to take any treatment except aripiprazole, towards a cooperative, trusting attitude, with attenuation of his

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.

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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.

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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 α 1-proteinase inhibitor (α 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