

**Introduction:** Electroconvulsive Therapy (ECT) is one of safest and most effective treatments for severe mental illnesses. The ECT Unit of Centro Hospitalar Universitário de Santo António – Magalhães Lemos Hospital (CHUSA-HML) is a reference center for this treatment modality, providing support to the northern region of Portugal.

**Objectives:** This study aims to characterize patients undergoing ECT treatment from April to June 2023, at the ECT Unit of CHUSA-HML.

**Methods:** Retrospective study from April to June/2023. Social, demographic, epidemiological and clinical data were evaluated.

**Results:** Among the 55 patients who were treated there was a predominance in male sex (56%), the average age was 53 years old and only 9 completed higher education. Half of them were in a long-term relationship. Around 67% of patients are retired, predominantly (62%) due to psychiatric disability.

Most patients (78%) were referred through psychiatric consultation and the remainder came from psychiatric hospitalization (only 3 were never hospitalized). 41 patients were under maintenance treatment and 14 under acute treatment. Concerning the type of treatment 30 were submitted to bilateral ECT. For 33% it wasn't the first ECT treatment. Almost all patients improved their symptoms, only one patient had complications related to the procedure (tooth loss).

According to the international classification of disease (ICD11) the most frequent primary diagnosis was Schizophrenia or Other Primary Psychotic Disorders (58%). Neurodevelopmental disorders and substance use disorders were the most frequently comorbid diagnoses.

The results presented are preliminary, and other data that may be relevant are being collected and processed.

**Conclusions:** Severe mental illnesses profoundly impact patients, often imposing substantial limitations and suffering. These findings support the safety and effectiveness of ECT as treatment for severe mental disorders. Founding more specialized centers represents an important step toward enhancing mental health treatments. Access to controlled studies is crucial, fostering a deeper understanding of the ECT technique and long-term benefits.

**Disclosure of Interest:** None Declared

## EPP0339

### Electroconvulsive therapy: the perspective of the informal caregiver in the decision-making process

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**Introduction:** Despite the importance of electroconvulsive therapy (ECT) as treatment, it remains one of the most controversial and misunderstood treatments. Negative media representations, primitive practice in the past and fear for electricity results in fear that extends beyond other therapies. Research on the perspective and role of informal caregivers (IC) in the process of ECT is limited. Most research focuses on relatives' attitude or knowledge of ECT measured with questionnaires. However, profound understanding of their perspective can facilitate the role of physicians (or psychiatrists) in

guiding patients and their IC through the decision-making process of ECT.

**Objectives:** The aim of this study was to describe the perspective of informal caregivers in the decision-making process in ECT treatment.

**Methods:** A qualitative phenomenological study was set up. Semi-structured interviews were held with IC of patients who are treated with ECT. **Purposive sampling was based on maximum variation. All interviews were fully transcribed and thematic analyses took place.** Trustworthiness was guaranteed by e.g. researcher triangulation

**Results:** In nine interviews were held with partners, children and parents of patients. The interviews had a mean duration of 102 minutes and interviewing proceeded until saturation of the most important themes was reached. During the interviews it became clear that the decision-making process of ECT is strongly influenced by the illness-trajectory and context of living with the mental health problems of the patient. IC describe their life and that of the patient as 'trying to survive'. The proposal of ECT is seen as a way out of this unendurable situation. The perceived responsibility of the IC in the informed consent process to ECT adds to this burden. The IC worry, feel uncertain and fear to do wrong. Nonetheless ECT seems to be a beacon of hope. Trust in the psychiatrist as a competent professional who wants the best for the patient seems more important than having an answer to all of their questions. After the ECT has been started, IC establish a framework to evaluate the side-effects and effectiveness of ECT. This framework is based on how they experience the patient in daily life and on what they define as 'the patient becoming a bit more himself again'. IC weigh the effects and side-effects to support the continuation of ECT. However, if patients clearly express that they experience side-effects that are too hindering, IC follow the patient if he or she wants to stop ECT.

**Conclusions:** Our study gives an insight in the perspective of the IC of patients undergoing ECT. It could be helpful for IC if the psychiatric team repeats information stepwise and takes the burden of responsibility perceived by the IC into account. The framework used by IC to evaluate the effects of ECT could be a valuable addition to the clinical evaluation of the ECT treatment.

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## Schizophrenia and other psychotic disorders

### EPP0340

#### Association between metabolic syndrome, cognitive dysfunctions, and peripheral inflammation in schizophrenia

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**Introduction:** Metabolic syndrome (MetS) is of primary clinical interest because of its harmful impact on the general health and quality of life of patients with psychotic disorders. Paradoxically, MetS is associated with impaired cognitive functions in patients receiving antipsychotics primarily shown to improve cognition (e.g., clozapine and olanzapine).

**Objectives:** In this study, we aimed to investigate the relationship between MetS, cognitive functions, and peripheral inflammation.

**Methods:** The participants were 154 patients with schizophrenia. Fifty-seven patients met the criteria of MetS. We evaluated cognitive functions with the Repeated Battery for the Assessment of Neuropsychological Status (RBANS). The Positive and Negative Syndrome Scale (PANSS) quantified the clinical symptoms. We also measured the plasma levels of IL-6 and C-reactive protein (CRP). In addition to conventional statistics, we also calculated Cohen's effect size (d) and Bayes Factors (BF10).

**Results:** Results revealed that patients with MetS exhibited worse cognitive function relative to patients without MetS in attention ( $d = 0.19$ ,  $BF10 = 2.3$ ) and delayed memory ( $d = 0.25$ ,  $BF10 = 5.7$ ). No significant between-group differences existed in immediate memory, visuospatial functions, and language. The MetS and non-MetS groups did not differ in positive, negative, or general symptoms. Higher IL-6 levels were associated with worse delayed memory ( $r = -0.56$ ,  $BF10 = 34.6$ ).

**Conclusions:** Our results suggest that MetS-associated cognitive dysfunctions are less severe than reported in the literature: it was confined to two cognitive domains, the effect size was small, and the Bayesian evidence level was weak. Peripheral inflammation may mediate the association between MetS and long-term memory dysfunctions.

**Disclosure of Interest:** None Declared

## EPP0341

### Sociodemographic profile and prescribing pattern of antipsychotic medication in patients with Schizophrenia

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**Introduction:** Schizophrenia is a complex psychiatric disorder that changes the patient's life by influencing how they think, behave, express emotions, percept reality and their interpersonal relationships.

**Objectives:** The aim of this study was to evaluate sociodemographic and therapeutic factors that act as risk and protective factors in the clinical outcomes of patients diagnosed with schizophrenia.

**Methods:** This was an observational retrospective study including patients diagnosed with schizophrenia, treated at the "Xhavit Gjata" Psychiatric Hospital, Tirane, Albania, who were discharged between May 1- October 30, 2022. The follow-up period was six months. Data on further hospitalizations during the follow-up were obtained from the Department of Statistics, QSUT, and confirmed

by family members for hospitalizations in other psychiatric hospitals in the country. Univariate and multivariate analyses were conducted to identify potential factors associated with emergency room stays, length of stay, and time until the next admission.

**Results:** A total of 158 patients were included in the study, 63 women and 95 men ( $p = 0.03$ ). The average age of the patients was 42.9 years, with women averaging 45.3 years and men 40.6 years ( $p = 0.01$ ). 43.7% of them had elementary education. The average age of disorder onset was 24.7 years. Haloperidol was the ambulatory therapy used in 54.3% of patients, while atypical antipsychotics were used in 75.1% of patients. The most commonly used atypical antipsychotic was Risperidone in 34.1% of patients, followed by Olanzapine in 17% of cases. Depo antipsychotics were used in 35.1% of patients. Clozapine was administered to 29.3% of patients, where 12.8% for the first time. 54.2% of patients starting Clozapine for the first time had three or more admissions. Clozapine was more frequently used in men, showing a significant difference from women ( $p = 0.05$ ). In 44.7% of cases, monotherapy was prescribed. The average hospital stay was 21.9 days, ranging from 2-68 days. Living with a family member, male gender, and being "married" helped reduce the length of hospital stay. In the 6-month follow-up period, 31.4% were re-hospitalized. Significant factors affecting the reduction of time spent outside the hospital until the next hospitalization were social problems, the number of previous hospitalizations, civil status "not married," living arrangements, negative symptoms, and alcohol use (nearly significant). Protective factors included Clozapine, which reduced the prevalence of hospitalization by 57% compared to patients not taking it. Additionally, the use of Clozapine and Haloperidol increased the time spent outside the hospital.

**Conclusions:** Social and family support, positive compliance, and antipsychotic therapy such as Clozapine serve as protective factors for patients diagnosed with schizophrenia.

**Disclosure of Interest:** None Declared

## EPP0342

### The impact of affective and negative symptoms on the development of psychosis in a six-year follow-up of a community-based population

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**Introduction:** The Clinical High Risk (CHR) group for transition to psychotic disorders (PD) is usually defined by the severity of positive symptoms, help-seeking and impairment in level of functioning. However, the CHR concept has a limited transition risk to PD. Recent studies have shown that some of the risks might be attributable to other symptoms.

**Objectives:** This study investigates the association between affective and negative symptoms and the risk of transition to PD in a community-based population of 2185 participants in Turkey.