The predictive factor for good adherence was the presence of insight into the need for treatment (p=0.002).
Conclusions: To prevent poor treatment adherence, a systematic screening for predictive factors and adequate management of schizophrenia would be imperative.

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EPP0256

Attributional styles and other cognitive biases in patients with delusional disorder: A systematic review

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Introduction: The accurate examination of attributional patterns and cognitive biases in delusional patients is relevant to explain the externalizing tendency in paranoid schizophrenia patients. In subjects with delusional disorder (DD), attributional styles and other cognitive bias have been poorly investigated.
Objectives: Our main goal was to review the tendency to use external-internal attributions for negative events and the presence/absence of other cognitive biases in patients suffering from DD.
Methods: A systematic review was conducted in PubMed and ClinicalTrials.gov databases/registers up to September 2022 according to the PRISMA Guidelines. The following key-words were searched in the title and abstracts: (attributions OR attributional OR "cognitive" OR "cognition" OR "social cognition") AND ("delusional disorder"). Additionally, references of included studies were manually examined to identify further studies.
Results: A total of 144 records were identified (Pubmed, n=125; ClinicalTrials.gov, n=16; other sources, n=13), five studies met our inclusion criteria, reporting attributional styles (n=5) and other cognitive biases (n=2) in DD. (A)Attributional style in DD. Mainly excessive external attributions implying the ascribing of negative experiences to another person's behavior or action. Other authors describe attributions of negative events to internal causes (n=2). (B) Cognitive biases: Jumping to conclusions bias or judgments made on inadequate evidence have been described in DD (n=2).
Conclusions: Findings in attributional patterns in DD are mixed. Several authors report external and stable attributions in DD, whereas others described internal attributes for negative events, suggesting that depressive vs. "pure" paranoid core dimensions may appear in DD.

Disclosure of Interest: None Declared

EPP0257

Antidepressant use and psychosis hospitalization in persons with schizophrenia

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Introduction: Antidepressants are often used by persons with schizophrenia. These medications are used for a variety of symptoms, such as negative or depressive ones. Effectiveness of antidepressant use in persons with schizophrenia has rarely been studied in the real-world setting.
Objectives: The aim of this study was to investigate the risk of hospitalization due to psychosis related to antidepressant use in persons with schizophrenia.
Methods: This cohort study utilized data combined from Finnish nationwide registers. The study cohort included all 61 889 persons treated in inpatient care due to schizophrenia (defined as International Classification of Diseases, ICD, version 10 codes F20-F25 during 1972–2014 in Finland). National Prescription register data was utilized to obtain drug purchase data, and modelled into drug use periods with PRE2DUP (From Prescriptions to Drug Use Periods) method, developed by our research group. The follow-up covered the years from 1996 to 2017. Antidepressants (Anatomic Therapeutic Chemical classification system, ATC code N06A) were categorized by mechanism of action (non-selective monoamine reuptake inhibitors, TCAs, ATC-codes N06AA, selective serotonin reuptake inhibitors, SSRIs, N06AB and serotonin-norepinephrine reuptake inhibitors, SNRIs, including venlafaxine, milnacipran and duloxetine), and also on drug-substance level. Main outcome was hospitalization due to psychosis (ICD-10 diagnoses F20-F29) as the main diagnosis. We used within-individual design to compare the risk of outcome between the time periods of antidepressant use and non-use within the same person to minimize selection bias. Stratified Cox regression analyses were utilized to calculate adjusted hazard ratios (aHR) with 95% confidence intervals (CIs). These analyses were then adjusted for sequential order of treatments, time since cohort entry, use of antipsychotics, mood stabilizers, benzodiazepines, and Z-drugs.
Results: The mean age of the study cohort was 46.2 (SD 16.0) years at cohort entry, and 50.3% of were males. Altogether 49.3% (N=30 508) of the study cohort used antidepressants during the follow-up (median 14.8 years, IQR 7.5-22.0), with citalopram and mirtazapine being the most commonly used antidepressants. The risk of psychosis hospitalization was lower during antidepressant use as compared to non-use (aHR 0.93, 95% CI 0.92-0.95). Use of SSRIs was associated with similar risk (aHR 0.91, 95% CI 0.89-0.93), followed by SNRIs (aHR 0.92, 95% CI 0.88-0.97) and TCAs (aHR 0.93, 95% CI 0.89-0.98). Considering individual drug substances, lowest risk were obserwed with use of sertraline (aHR 0.87, 95% CI 0.83-0.91), fluoxetine (aHR 0.88, 95% CI 0.83-0.91) and citalopram (aHR 0.92, 95% CI 0.90-0.95).

Conclusions: Use of antidepressants was associated with a 7% lowered risk of hospitalization due to psychosis, and AD subgroups did not differ in their real-world effectiveness.

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EPP0258

Neutrophil gelatinase-associated lipocalin (NGAL) and tumor necrosis factor-α(TNF-α) levels in patients with schizophrenia

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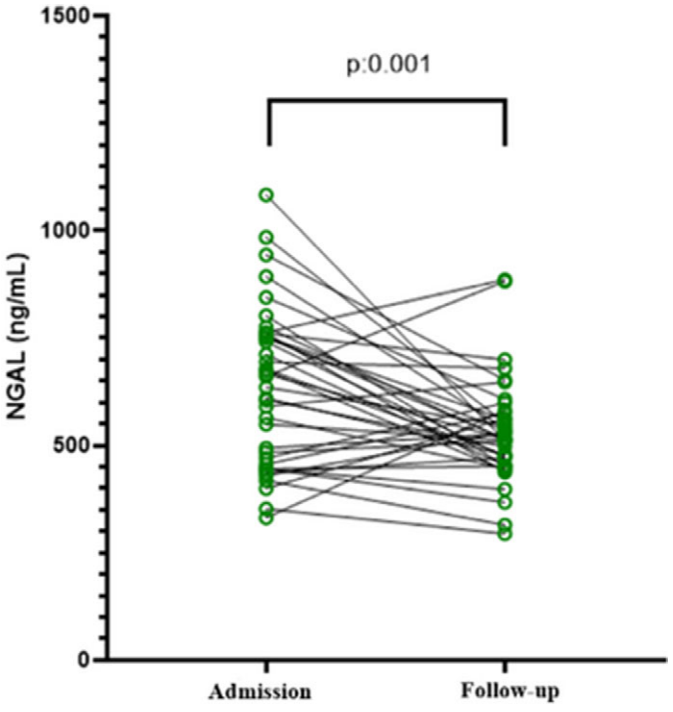
Introduction: Although the immune system is thought to contribute to the etiology of schizophrenia, the mechanism has not been clearly elucidated. Clarifying the relationship between them is important in terms of diagnosis, treatment, and prevention approaches.

Objectives: In this study, it is aimed to determine whether there is any difference in serum levels of neutrophil gelatinase-associated lipocalin (NGAL) and tumor necrosis factor-alpha (TNF-α) in the group of patients with schizophrenia and healthy volunteers, whether these values are changed by medical treatment, whether there is any relation between these values and the severity of the symptoms of patients with schizophrenia, and whether NGAL can be used as a biomarker in the diagnosis and the follow-up of the schizophrenia.

Methods: A total of 64 patients who were hospitalized in the Psychiatry Clinic of Xxxxxx and diagnosed with schizophrenia and 55 healthy volunteers were included in the study. A socio-demographic information form was given to all participants and TNF-α and NGAL values were measured. Positive and Negative Symptoms Rating Scale (PANSS) were applied to the schizophrenia group on admission and follow-up. TNF-α and NGAL levels were re-measured in the 4th week after the start of antipsychotic treatment.

Results: As a result of the present study, it was found that NGAL levels decreased significantly after antipsychotic treatment of schizophrenia patients hospitalized with exacerbation (Figure 1). There was no significant correlation between NGAL and TNF-α levels among schizophrenia and the control group.

Image:



Conclusions: In psychiatric diseases, especially schizophrenia, there may be differences in immune and inflammatory markers compared to the healthy population. After treatment, the NGAL levels of the patients at follow-up were reduced in comparison with the levels at their admission. It can be thought that NGAL may be related to psychopathology in schizophrenia and antipsychotic treatment. This is the first followup study for NGAL levels in schizophrenia.

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EPP0259

Impact of cannabis use and cannabis cessation on inflammation in patients with psychosis

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Introduction: The vulnerability-stress-inflammation model is a well-known psychopathological model in patients with psychosis. It implies an imbalance of the microglia activation (M1/M2