EPP1038

Clinical features, effectiveness of therapy and quality of life of patients with type 2 diabetes and comorbid schizophrenia

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Introduction: According to previous studies, about 8,8-14,5% cases of schizophrenia is comorbid to type 2 diabetes. The focus of the study was the evaluation and dynamics of positive and negative symptoms in case of combination of the diseases.
Objectives: 100 patients were divided in two groups: 48 patients was assigned to receive a monotherapy treatment with antipsychotic; 52 patients received the combination of antipsychotics, nootropics and antioxidants. The efficiency criterion was the dynamics of the questionnaire The quality of life of patients SF-36, Hamilton's scale of Depression and anxiety, overall score on a scale for evaluation positive and negative symptoms (PANSS).
Methods: After treatment the physical component of health is 41,38% in the first group and 56,34% in the second group ($p \leq 0,05$). The psychical component of health is 39,79% in the first group and 50,8% in the second group ($p \leq 0,05$). Also statistically confirmed ($p \leq 0,05$) in the patients of the second group the improvement on the Hamilton's scale of Depression and anxiety questionnaire and PANSS.
Results: After treatment the physical component of health is 41,38% in the first group and 56,34% in the second group ($p \leq 0,05$). The psychical component of health is 39,79% in the first group and 50,8% in the second group ($p \leq 0,05$). Also statistically confirmed ($p \leq 0,05$) in the patients of the second group the improvement on the Hamilton's scale of Depression and anxiety questionnaire and PANSS.
Conclusions: According to Quality of Life questionnaire combination of antipsychotic, nootropic, antioxidant is significant more effective than treatment only with antipsychotic.

Keywords: Type 2 Diabetes; schizophrénia; quality of life

EPP1039

Impaired age self-consciousness in latent schizophrenia

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Introduction: The topic of research was phenomenon of impaired age self-consciousness in non-psychotic latent schizophrenia patients defined.
Objectives: To explore features of impaired age self-identity and to determine syndromic affiliation of the syndrome in comparison with premorbid personality disorders traits.
Methods: The study sample comprised 141 patients with latent schizophrenia (pseudo neurotic (F21.3 - 64.5%, 91 patients), coenesthopathic (F20.8 - 25.5%, 36 patients) and pseudo psychopathic (F21.4, - 9.9%, 14 patients)) aged 16-31 (average 22.1 years old) in 2007-2019. A follow-up, experimental psychological and clinical study was conducted.
Results: The onset of impaired age self-identity was dominated by a radical drop of the subjective age in self-conscious mind of the patients accompanied by a tormented feeling of loss of self-dependence, role autonomy, helplessness, inability of decision making and to be answerable. Patients described this sudden condition as a loss of 'maturity feeling' and return to the juvenile perception of self. In a delusive and unclear manner, phrases such as 'I feel inferior to others as if a helpless child among adults', 'I feel as if my childhood is back' were uttered. Excessive worrying and enlivening of childhood memories were also included. This correlates to occurrence of humble and sometimes dependent/avoidant behavior, feeling of helplessness and fear with respect to caring for one self, rising subordination and suggestibility.
Conclusions: This phenomenon of regress to earlier ontogenetic level of personal development reported as impaired age self-consciousness can thus be regarded as an obligate form of depersonalization in patients with latent schizophrenia.

Keywords: Latent Schizophrenia; impaired age self-consciousness

Psychopharmacology and pharmacoeconomics

EPP1041

The role of intranasal esketamine in treatment-resistant depression

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Introduction: Major depressive disorder (MDD) is a highly prevalent clinical condition with a leading cause of disability worldwide. Unfortunately, about 1/3 of patients with MDD fail to achieve remission despite treatment with multiple antidepressants and are considered to have treatment-resistant depression (TRD). Research showed abnormalities in glutamatergic transmission in neural circuits and antidepressant efficacy with the N-methyl-D-aspartate (NMDA) receptor antagonist, ketamine.
Objectives: The authors elaborate a narrative literature review on the intranasal esketamine as a new-class antidepressant.
Methods: PubMed database searched using the terms "treatment-resistant depression" and "esketamine".
Results: Ketamine, synthetized from PCP, acts as an antagonist of NMDA receptor, reducing Central Nervous System excitability. One limitation of ketamine for treating depression is that requires intravenous administration, reducing its applicability in outpatient settings. Esketamine, the S-enantiomer of ketamine, developed as an intranasal formulation has a higher affinity for the NMDA receptor. The evidence of the rapid antidepressant effect of intranasal esketamine was first made by Lapidus et al, that demonstrated intranasal esketamine ability to reduce depressive symptomatology. However, some recent studies reported significant acute cardiovascular, psychotomimetic and neurological side-effects. Thus, drug