

## EV1178

**Implications of immunity and inflammation in schizophrenia and related psychotic disorders**

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**Introduction** Intricate interactions between the immune system and the brain might have important etiological and therapeutic implications for neuropsychiatric brain disorders. A probable association between schizophrenia and the immune system was postulated over a century ago, and is supported by epidemiological and genetic studies pointing to links with infection and inflammation.

**Objective** To describe some important areas of research regarding immune response in schizophrenia and related psychotic disorders and discuss potential mechanisms and therapeutic implications of these findings.

**Aims** Associations between immune response, inflammation and schizophrenia and related psychotic disorders are reviewed.

**Methods** A literature review of the theme is surveyed. Several articles were searched on MEDLINE with the keywords: schizophrenia, psychosis, inflammation, immunity, infection.

**Results** Schizophrenia is a multifactorial disease. It is associated with multiple genetic loci that confer risk, in addition to developmental and postnatal risk factors. Antipsychotic-naïve first-episode psychosis and acute psychotic relapse seems to be associated with increased serum concentrations of interleukin 6 and other proinflammatory cytokines, which are normalized after remission of symptoms with antipsychotic treatment.

**Conclusions** Inflammation and immune dysfunction might contribute to cognitive, negative, and positive symptoms in schizophrenia. Identification of specific inflammatory pathways for neuropsychiatric symptoms would provide novel targets for therapeutic intervention.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1180

**LAI versus oral antipsychotic maintenance treatment of schizophrenia: A case-control study on subjective experience of treatment**

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**Introduction** Limited research has been devoted to the subjective impact of switching antipsychotic maintenance treatment (AMT) from oral to LAI formulation in schizophrenia.

**Objective** To compare LAI AMT with oral AMT in terms of subjective experience of treatment, taking into account the effects on psychopathology.

**Methods** Twenty outpatients (7 males, mean age 40.55 ± 11.00 years) with remitted schizophrenia treated with either olanzapine or paliperidone and switching from oral to LAI AMT were recruited before the switch (LAI-AMT group). A group of 20 remitted schizophrenic subjects with oral AMT and matched for the main socio-demographic, clinical and treatment variables made up the controls (oral-AMT group). All participants were assessed by means of the PANSS and of the SWN-K at baseline (T0) and after 6 months (T1).

**Results** Between T0 and T1, general psychopathology of the PANSS and all but one of the SWN-K dimensions (except for “social integration”), showed significantly higher percent improvements in the LAI-AMT group compared to the oral-AMT group. After 6 months (T1), the LAI-AMT group showed significantly lower PANSS total and general psychopathology scores, as well as higher mean score of perceived “mental functioning” compared to the oral-AMT group. Item analysis of the general PANSS at T1 showed significant differences between the two groups in anxiety, tension, depression, guilt feelings, poor attention, and active social avoidance.

**Conclusions** Our data on switching from oral to LAI AMT in remitted schizophrenia suggest a better efficacy of the latter in terms of improvement of general psychopathology and subjective experience of treatment.

**Disclosure of interest** The authors have not supplied their declaration of competing interest.

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## EV1181

**LAI versus oral antipsychotic treatment of schizophrenia: A 12-month prospective study on patient's attitude towards treatment and quality of life**

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**Introduction** It is still a matter of debate whether LAI antipsychotics are able to significantly improve patient's attitude towards treatment.

**Objective** The aim of this 12-month observational study was to investigate the impact of switching antipsychotic treatment from oral to LAI formulation on patient's attitude towards treatment and quality of life.

**Methods** A total of 41 schizophrenic patients (25 males, mean age 42.10 ± 11.88 years) were recruited. Patients were expected not to need significant changes in concomitant treatments. All patients were under a stabilized therapy with a single oral antipsychotic (either olanzapine or paliperidone) and were switched to the equivalent maintenance regimen with the long-acting formulation of the same antipsychotic (olanzapine pamoate or paliperidone palmitate). Patients were assessed before the switch (T0), and after 6 (T1) and 12 months (T2) of LAI antipsychotic treatment by means of the YMRS, MADRS, PANSS, DAI-10 and SF-36.

**Results** Our data evidenced an overall significant improvement of psychopathology, adherence and quality of life over the 12-month period (T0 vs. T2). In particular, while all of the measures significantly improved in the first semester (T0 vs. T1), only YMRS, positive PANSS and DAI-10 improved both in the first and in the second semester (T1 vs. T2), indicating an additional advantage of a prolonged LAI treatment on these clinical dimensions.

**Conclusions** The switch from oral to long-acting antipsychotic treatment may provide considerable advantages in improving patient's attitude towards (and therefore adherence to) treatment.