

presentation ( $p < .05$ ). Post-hoc analysis showed that significant differences in topography were observed for the reward condition ( $p = .0006$ ) but not for the loss one ( $p = .6732$ ) between SCZ and HC. Finally, a significant correlation ( $p < .01$ ) between t-maps values obtained in the same time-frame and the anticipation of pleasure scores was detected, while no significant correlations were found with the experience of pleasure scores or the severity negative symptom.

**Conclusions:** SCZ are unable to integrate the incentive magnitude and reward value of future events in the context of their ongoing task. Topographic abnormalities in ERP could be traced already during early stages of reward processing and were associated with anticipation of pleasure, but not with the experience of pleasure or the avolition, suggesting that these constructs might be partially separate.

**Disclosure of Interest:** None Declared

## EPP0510

### The Screen for Cognitive Impairment in Psychiatry (German version, SCIP-G): Validation, dimensionality analysis and practical application in inpatient psychiatric treatment

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**Introduction:** Psychiatric disorders are often characterised by cognitive impairment. The Screen for Cognitive Impairment in Psychiatry (SCIP) was developed for routine screening of psychiatric patients and is available in several languages.

**Objectives:** Using the German version (SCIP-G), 3 studies were conducted: 1. feasibility, reliability, and validity of the SCIP-G were investigated [Sachs et al. *Schizophr. Res. Cogn.* 2021; 25, 100197], 2. a confirmatory factor analysis was performed [Sachs et al. *Schizophr. Res. Cogn.* 2022; 29, 100259], and 3. patients with psychotic, bipolar affective, and depressive disorders were assessed before and after standard inpatient treatment including cognitive remediation.

**Methods:** Study 1 included patients with schizophrenia or schizoaffective psychosis and thirty healthy controls matched for sex, age, and education. Data were collected at the Medical University of Vienna, Department of Psychiatry and Psychotherapy. In studies 2 and 3, patients from the Klinik Hietzing, 1st Department of Psychiatry and Psychotherapeutic Medicine, Vienna, Austria, were studied. In study 3, all patients received modern pharmacotherapy plus cognitive remediation using the COGPACK® software package version 6.06; based on the ICD-10 criteria for research, 54 patients received an F2 diagnosis (schizophrenia, schizotypal, and delusional disorders), 39 patients met criteria for bipolar disorder (F30 and F31), and 50 for depression (F32 and F33).

**Results:** In Study 1, significant differences in cognitive performance were found between patients and healthy controls on both versions of the SCIP. The SCIP effectively discriminated between patients and the control group. In Study 2, a two-factor solution in which the Verbal Learning Test-Immediate Recall subtests, Delayed Recall Test of the VLT, and Working Memory Test loaded on the first factor and the Verbal Fluency Test and Psychomotor Speed Test

subtests loaded on the second factor yielded good model fit ( $\chi^2 = 6.7$ ,  $df = 3$ ,  $p = .08$ ,  $\chi^2/df = 2.2$ ). In Study 3, SCIP total score showed significant improvement after treatment in all three diagnostic groups ( $p < .001$ ), with no statistically significant interaction between SCIP total score and diagnostic groups ( $p = .860$ ).

**Conclusions:** Our data indicate that the SCIP-G is a valid and reliable instrument for assessing cognitive impairment. Good model fit can be achieved with a two-factor solution for the SCIP. Our study is the first to perform a confirmatory factor analysis with the German SCIP version and to test its dimensional structure with a hypothesis-testing approach. Inpatient treatment consisting of pharmacotherapy and cognitive remediation improved cognitive deficits. This improvement in cognitive performance was observed to a similar extent in patients with psychotic disorders, bipolar disorder, and depression.

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## EPP0511

### Osteopenia and osteoporosis associated with hyperprolactinemic antipsychotics

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**Introduction:** The main role of prolactin is associated mainly with lactogenesis but additionally it participates in several endocrinological and metabolic processes. The prolactin level may be increased with some antipsychotics such as risperidone, paliperidone, and amisulpride increasing the risk of Bone Mineral Mass (BMM) decrease leading to osteopenia and osteoporosis.

**Objectives:** To determine the loss of BMM associated with antipsychotic-related iatrogenic hyperprolactinemia (iHPRL) in a sample of patients suffering of chronic psychotic mental disorder and treated with antipsychotics at least for one year.

**Methods:** A cross-sectional observational and epidemiological study in a sample of 140 patients (males 56.9%; females 43.1%; mean age 48 years), receiving antipsychotics was carried out. After giving informed consent, personal data, prolactin level, antipsychotic use and lifestyle were collected. An evaluation of BMM with a central DEXA Scan was performed. The bone mineral density considering the subject's age and the peak bone mass in the neck of the femur, hip and in the lumbar vertebrae (L1-L4) was obtained. Inclusion criteria: presence of psychotic disorder, age between 18-65 years and treatment with an antipsychotic at least for one year. Statistical analysis was carried out using the statistical software SPSS version 26.0. A significance level  $\alpha = 0.05$  was considered throughout the study.

**Results:** 45 out of 140 patients (32,13%) had some BMM lost (osteopenia). The prevalence of osteoporosis was 5.71% ( $n = 8$ ). The median prolactin level in the sample was  $46.1 \text{ ng/dL} \pm 33.1$ . Patients with hyperprolactinaemia showed a higher frequency of

osteopenia/osteoporosis (50% with mild iHPRL and 48% with moderate/severe iHPRL) than those with normal prolactin levels (25.7%). A strong and significant relationship between the presence of osteoporosis and the treatment with risperidone was found ( $p=0.007$ ).

**Conclusions:** Osteopenia and osteoporosis are associated with hyperprolactinemic antipsychotic. Risperidone was related with a significant increased osteoporosis risk. The routine and systematic control of the BMM is crucial in these patients to avoid progressive bone demineralization. Managing strategies should be individualized to avoid bone demineralization and to preserve physical health.

**Disclosure of Interest:** None Declared

## EPP0512

### Associations between overweight/obesity and increased levels of serum inflammatory markers from prodromal stages to chronic psychosis

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**Introduction:** Chronic subclinical inflammation is considered to be an important contributor to the development of schizophrenia. Meta-analyses confirm the presence of higher levels of inflammatory markers in schizophrenia and its prodromal stages compared to controls, however studies differ in terms of associated cytokines. Obesity is a common problem in patients with schizophrenia and, at the same time, it is recognized as a source of subclinical inflammation in the general population.

**Objectives:** The aim of the study was to verify if there is an association between the presence of overweight/obesity and higher levels of CRP and IL-6 in various stages of psychotic disorders and if these factors may influence the course of the disease

**Methods:** Study was performed in four study groups: 31 healthy controls (HC), 16 patients with ultra-high risk of psychosis (UHR), 30 with first episode of psychosis (FEP) and 71 with chronic schizophrenia (SCH). The severity of psychopathological symptoms in SCH was assessed using the Positive and Negative Syndrome Scale (PANSS). The serum levels of inflammatory markers were measured using sensitive ELISA tests.

**Results:** Study groups significantly differed in the levels of CRP and IL-6. The presence of overweight/obesity was associated with significantly higher levels of CRP in CON and UHR and IL-6 in CON, FEP and SCH. IL-6 was positively correlated with the severity of positive symptoms in PANSS in SCH, however neither IM or BMI were associated with other psychopathological symptoms or number and frequency of exacerbations in schizophrenia patients.

**Conclusions:** Overweight/obesity is associated with subclinical inflammation in both healthy controls and patients with various stages of psychotic disorders. Subclinical inflammation may be correlated with the course of the disease, however we did not find any direct associations between overweight/obesity and the severity

of symptoms. Further studies are needed to verify, if reduction of BMI would be beneficial in reducing levels of inflammatory markers and alleviating disease course.

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## Addictive Disorders 04

### EPP0513

#### High dose piracetam on alcoholic cerebellar degeneration: A case report

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**Introduction:** Chronic alcohol use is related to alcoholic cerebellar degeneration that is caused by B1 (thiamine) deficiency and associated with the degeneration of Purkinje cells in the cerebellar cortex.

**Objectives:** This report aims to present a case with cerebellar ataxia and tremor due to alcoholic cerebellar degeneration that is unexpectedly regressed after starting piracetam infusion treatment in the inpatient Alcohol and Drug Addiction Research, Treatment and Education Center (AMATEM).

**Methods:** We investigated the case prospectively. The patient was informed and consent was obtained.

A 57-year-old, divorced, retired, male with alcohol use disorder for 48 years (mostly high alcohol, cognac for 2 years) presented to our hospital with upper and lower limb tremors and balance problems for 2 years. Neurological examination revealed dysmetria, cerebellar tremor, hypoesthesia of lower extremities, ataxia so he was unable to tandem-walk. CIWA-Ar score:13. The blood test, including hemogram, biochemical, HbA1C, TFT, serum copper and ceruloplasmin levels, results were all normal. Diazepam 50 mg was started and titrated down by 5 mg per day and discontinued, 600 mg parenteral and 250 mg p.o thiamine initiated for 3 days and continued orally, propranolol 20 mg/day and ecopirin 100 mg/day were continued. Cranial CT, cranial MRI, and EMG were ordered. The patient was consulted to the neurologist for movement disorder.

**Results:** MRI appearance of the cortical sulcus, fissure, cisterna, and cerebellar folia were obvious. The ventricular system was assessed as ecstatic secondary to atrophy. Therefore the alcoholic cerebellar degeneration was diagnosed and increased propranolol to 30 mg/day dose. Furthermore iv infusion piracetam was empirically started at sequentially dose of 60 g/day for 3 days, 45 g/day for 3 days, 30 g/day for 3 days. Upper and lower limb tremor disappeared and ataxia regressed after the treatment was arranged.