

Conclusions: OCD and SZ patients showed distinct alternations of brain functional dynamics.

Disclosure: No significant relationships.

Keywords: schizophrenia; Obsessive-Compulsive disorder; dynamic functional connectivity; Independent Component Analysis

O257

Effectiveness of antipsychotics in schizophrenia with comorbid substance use disorder

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Introduction: Schizophrenia is highly comorbid with substance use disorders (SUD), which may negatively impact the course of illness. However, large studies exploring the best lines of treatment for this combination are lacking.

Objectives: We investigated what are the most effective antipsychotics for patients with schizophrenia in preventing the development of substance use disorders and preventing hospitalizations in patients already having substance use disorder.

Methods: We used two independent national cohort registries including all patient with schizophrenia aged under 46 years. Participants were followed during 22 (1996–2017, Finland) and 11 years (2006–2016, Sweden). We studied risk of rehospitalization, and risk of developing an SUD when using vs. not using antipsychotics, using Cox proportional hazards regression analysis models.

Results: 45,476 patients with schizophrenia were identified (30,860 in Finland; 14,616 in Sweden). For patients without SUD, clozapine and antipsychotic polytherapy were associated with the lowest risks

of developing SUD in both countries. For patients with co-existing SUD, the risk of hospitalization was the lowest during clozapine, polytherapy and long-acting injectable use.

Conclusions: In patients with schizophrenia and comorbid SUD, antipsychotic medications were effective in preventing relapses. In those without an SUD, antipsychotic use was associated with a markedly reduced risk of developing an initial SUD. Clozapine and long-acting injectables should be considered treatments of choice in patients with schizophrenia and SUD, or at risk of developing co-morbid SUD.

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Keywords: schizophrenia; antipsychotic; Substance use

O259

A polydiagnostic approach to cognitive deficits in schizophrenia

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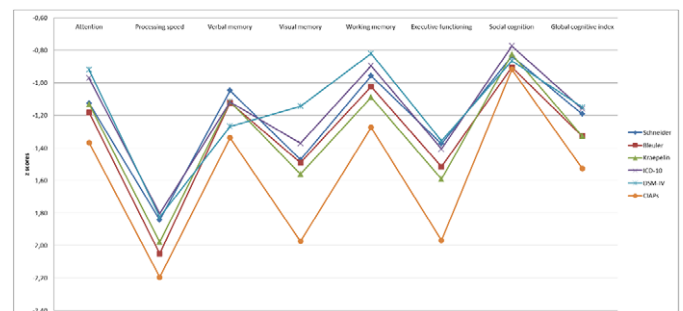
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Introduction: Cognitive deficits are common, clinically relevant and closely linked to poor functional outcomes in everyday functioning in patients with schizophrenia and other psychoses.

Objectives: To ascertain to which extent a polydiagnostic assessment of schizophrenia is associated with clinically-derived criteria of cognitive impairment and gold-standard neuropsychological assessment.

Methods: We assessed 98 patients with a psychotic disorder. We tested if patients met criteria for schizophrenia according to five diagnostic classifications: Krapelin, Bleuler, Schneider, ICD-10 and DSM-IV. Also, we applied a set of clinically-derived criteria to assess cognitive impairment associated with psychosis (CIAPs). Gold-standard neuropsychological assessment was administered, covering the cognitive domains included in the MATRICS Cognitive Battery: attention, processing speed, verbal memory, visual memory, working memory, executive functioning and social cognition. MANOVAs were performed to test the association between polydiagnostic and clinically-derived criteria and neuropsychological assessment.

Results:



MANOVA profile analyses revealed that patients who met CIAPs criteria showed cognitive impairment in all the cognitive domains except for social cognition. Patients diagnosed with Kraepelin's criteria showed significant differences in processing speed, visual memory, working memory and GCI. Patients fulfilling Bleuler and DSM-IV criteria showed significant deficits in processing speed and verbal memory, respectively. Schneider and ICD-10 diagnostic criteria did not reveal differences in cognition between patients who fulfilled these criteria.

Conclusions: CIAPs criteria were the most accurate classifying patients with cognitive impairment, followed by Kraepelin's criteria, which were the ones among diagnostic criteria which better differentiated patients regarding cognitive impairment. These criteria take into consideration the outcome in addition to symptoms.

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Keywords: schizofrenia; cognition; diagnostic criteria

O260

Preliminary results of a network meta-analysis on the efficacy of long-acting injectable antipsychotics in schizophrenia

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Introduction: Long-acting injectable antipsychotics (LAIs) are currently the most effective alternative for patients with schizophrenia who exhibit poor adherence. Although a recent meta-analysis reported similar efficacy between first and second-generation LAIs, these results were only based on 3 studies due to the limited number of head-to-head comparisons.

Objectives: Present the preliminary results of a network meta-analysis on the comparative efficacy of LAIs in schizophrenia.

Methods: Studies were obtained from a previous study, where we carried out a systematic search from until May 2019 in various databases. Included trials of adults with schizophrenia compared the efficacy of LAI vs LAI or placebo through the Positive and Negative Syndrome Scale (PANSS). Efficacy was evaluated through the mean differences (MD) from baseline to endpoint in the PANSS total scores. Network meta-analysis was performed in MetaInsight through direct and indirect comparisons using a Bayesian approach.

Results: from 12 studies are presented in Figures 1 and 2. All LAIs except zuclopenthixol were more effective than placebo. There were no significant differences between LAIs except for aripiprazole and risperidone, which were more efficacious than zuclopenthixol. The largest change occurred with aripiprazole LAI, but was not significantly higher than haloperidol.

	Aripiprazole lauroxil	Haloperidol decanoate	Paliperidone palmitate	Risperidone LAI	Placebo	Zuclopenthixol decanoate
Aripiprazole lauroxil		2.78 (-4.4, 9.07)	3.78 (-0.99, 9.02)	2.19 (-2.61, 7.43)	11.55 (7.25, 15.88)*	11.38 (1.53, 21.78)*
Haloperidol decanoate			1.05 (-3.22, 6.25)	-0.53 (-5.1, 4.92)	8.78 (3.94, 14.29)*	8.64 (-1.13, 19.11)
Paliperidone palmitate				-1.58 (-3.9, 0.69)	7.74 (5.05, 10.08)*	7.51 (-1.45, 16.82)
Risperidone LAI					9.34 (6.58, 11.78)*	9.14 (0.38, 18.15)*
Placebo						-9.17 (-9.27, 9.29)

Figure 1. Comparison of treatment pairs. Effect sizes are presented as MD and 95% confidence intervals (*p<0.05).

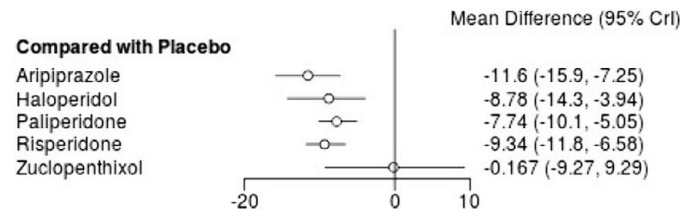


Figure 1. Overall change in symptoms

Conclusions: Preliminary results from a network meta-analysis also suggest that in the long-term haloperidol decanoate is equally effective in overall symptom changes compared to other LAIs. Further analyses are needed to obtain a better perspective on these drugs.

Disclosure: No significant relationships.

Keywords: Depot Antipsychotics; schizofrenia; EFFICACY; network meta-analysis

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Interrelation of visual and olfactory impairments in schizophrenia

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Introduction: In schizophrenia, there are disorders in all sensory modalities, but the regularities of their occurrence, their pathogenesis and attitude towards cognitive functions are not sufficiently studied.

Objectives: Examine the interrelation between the dysfunctions in different analysers (olfactory and visual) and their dependence on the duration of the disease and the severity of psychotic symptoms and cognitive deficit in schizophrenic patients (F20 according to ICD 10 criteria).

Methods: All subjects were determined the threshold of olfactory sensitivity to n-butanol, the ability to discriminate against odors and the amount of error in comparing the same sections. Cognitive functions were evaluated using the BACS scale.

Results: The inverse correlation between the value of the visual assessment error and the reduction of the threshold of olfactory sensitivity ($r=-0.56$; $p < 0.05$) and the inverse correlation between the value of the visual assessment error and the ability to discriminate smells (0.64 ; $p < 0.05$) were revealed. There are no significant correlations between the duration of the disease and sensory disturbances. Olfactory and visual disturbances in schizophrenic patients were connected with cognitive functions ($(r=-0.62$; $p < 0.05$ and $r=-0.84$, $p < 0.001$ accordingly).

Conclusions: The data confirm that sensory impairments have a common pathogenesis and are closely related to cognitive deficits.