Results: The study included a total of 20 patients (n: 20). 80% of the patients were male and 20% were female. The mean age was 39.7 years. 75% of the patients had an associated substance use disorder. The following alternate starting schedules were performed with biannual paliperidone palmitate: monthly paliperidone palmitate on days 1 and 8, and 6-monthly paliperidone palmitate on day 38 (n: 11); monthly paliperidone palmitate 150 mg together with semi-annual paliperidone palmitate both on day 1 (n: 5); biannual paliperidone palmitate on day 1 supplemented with oral paliperidone for 45 days (n:4). A total of 0 visits to the emergency department and 0 admissions were observed after the 6-monthly paliperidone palmitate regimen.
Conclusions: Alternative initiations with 6-monthly paliperidone palmitate may be a useful and safe clinical alternative in patients with very low adherence who, due to clinical needs, require starting 6-monthly paliperidone palmitate earlier in order to guarantee adherence.

Disclosure of Interest: None Declared

EPP0758

Clinical experiences with 6-monthly paliperidone palmitate beyond the diagnosis of schizophrenia. A retrospective study

S. Benavente López*, S. Bolaño Mendoza, A. Parra González, A. Lara Fernández, A. Herencias Nevado and E. Baca García

Psychiatry, Hospital Universitario Infanta Elena, Madrid, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1045

Introduction: Long-acting injectable antipsychotics (LAIA) are used in diagnoses other than schizophrenia. Over the last two decades, LAIAs have been developed with less administration frequency, going from 2-weekly presentations to 6-monthly presentations. The 6-monthly paliperidone palmitate has recently been released, allowing a reduction in the frequency of administration compared to the 1-monthly presentation and the 3-monthly presentation. Descriptive studies based on real clinical evidence can be very useful to assess clinical outcomes.
Objectives: The main objective of the study is to describe the use of 6-monthly paliperidone palmitate in patients with schzophrenia, providing variables that objectify the evolution such as the number of psychotic decompensations.
Methods: Retrospective descriptive study with a sample selected by non-probabilistic consecutive sampling, retrospective type, in a time interval of 10 month (n=80). The patients selected were all those who received 6-monthly paliperidone palmitate treatment from after 10 months of use at Hospital Universitario Infanta Elena. A descriptive analysis was performed. Mean and standard deviation were calculated for quantitative variables and N and percentage for categorical variables.
Results: A total of 80 administrations of 6-monthly paliperidone palmitate were performed in the study. None of the patients presented adverse reactions related to the administration of the drug, not reporting local pain or inflammation of the puncture area, except for the characteristic discomfort of an intramuscular puncture. Regarding the efficacy of 6-monthly paliperidone palmitate, none of the patients presented a psychotic decompensation after its administration, maintaining psychopathological stability after the change. The switch to 6-monthly paliperidone palmitate was made from both 1-monthly paliperidone palmitate and 3-monthly paliperidone palmitate, both showing the same efficacy. Regarding tolerability, all the patients who were administered 6-monthly paliperidone palmitate were previously treated with the monthly and quarterly presentation of the same molecule, having presented good tolerability to it, maintaining said tolerability after treatment. change to 6-monthly paliperidone palmitate, with no adverse reaction being recorded after the change. The adherence presented by the patients was very good, performing 100% of the administrations.
Conclusions: 6-monthly paliperidone palmitate may be an effective and well-tolerated treatment for the treatment of schizophrenia and other diagnoses such as bipolar disorder or borderline personality disorder. According to objective data, 6-monthly paliperidone palmitate could be an effective and well-tolerated treatment as an alternative to monthly and quarterly presentations of the same molecule. Longitudinal studies must be carried out to confirm this hypothesis.

Disclosure of Interest: None Declared

EPP0759

Patients' perspectives on switching from one to three monthly Paliperidone Palmitate a cross-sectional patient satisfaction survey

J. Barnett[1] and S. Pappa[1,2]*

West London NHS Trust and [2]Faculty of Medicine, Imperial College London, London, United Kingdom
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1046

Introduction: Paliperidone 3-monthly (PP3M) is a long-acting injectable antipsychotic (LAI) which has been shown to be an equally effective and more convenient alternative to Paliperidone 1-monthly (PP1M) (Hope *et al.* Australas Psychiatry 2018;26 (2):206-209). A prerequisite for PP3M use is stability on a consistent dosing of PP1M ≥4 months, though, few studies have so far explored patients' experiences with switching.
Objectives: The aim of the study was to assess satisfaction and perspectives following the change to PP3M. A safety question with regards to the Covid-19 was also included.
Methods: This cross-sectional survey was performed within a large, urban mental health setting between May-June 2021 while the UK was still under Covid-19 restrictions. Two psychiatrists obtained verbal consent before administering the survey. Questions 1 and 2 focused on satisfaction and safety with respondents rating to what extent they agreed or disagreed using a 5-point Likert scale. Questions 3 and 4 focused on advantages and disadvantages of the medication change; suggested answers were supplied but there was also an option to provide additional responses. Additional demographic and clinical information were collected from the electronic records.
Results: Of the 61 patients who were receiving PP3M at the time of the survey 46 (31 male and 15 female) agreed to participate. One declined to participate, while 14 were not contactable, making the response rate 98% (46/47).
89.5% of respondents strongly agreed or agreed that they were satisfied after switching, 6.5% neither agreed nor disagreed and

4% disagreed. The bulk of the respondents (93.5%) strongly agreed or agreed that they felt safer having their injection every 3 months during the Covid-19 pandemic. 6.5% neither agreed nor disagreed but no one disagreed with this statement.
Questions on whether patients experienced any advantages or disadvantages as a result of the switch allowed for multiple answers. Convenience (93.5%), was the most popular positive reply, followed by improved quality of life (59%), decreased stigma (39%), better adherence (28%) and improved tolerability (21.7%). While 6.5% did not experience any advantages, 93.5% did not encounter any disadvantages, with 4.3% reporting worsening or new side effects and 2.2% a relapse of symptoms.
Conclusions: The overall experience of switching to PP3M was positive. Similar to two previous studies (Pungor *et al.* BMC Psychiatry. 2021; 21, 300; Rise *et al.* Nord. J. Psychiatry 2021;75(4): 257-265) the majority of patients favoured the change quoting convenience, quality of life and reduced stigma as potential benefits. The importance of enhanced safety with less frequent medication administration under pandemic conditions was also highlighted. Shared and supported decision making should further inform clinical practice (Pappa *et al.* Community Ment Health J. 2021;57 (8):1566–1578).

Disclosure of Interest: None Declared

EPP0760

Self-assessment of auditory verbal hallucinations in schizophrenia; validation of a digital device

S. Dollfus[1]*, F. Letourneur[2], L. Metivier[2], V. Moulier[3] and M. Rotharmel[3]

[1]University Caen Normandie; [2]University Caen Normandie, Caen and [3]CH du Rouvray, Sotteville les Rouen, France
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1047

Introduction: Auditory verbal hallucinations (AVH) are experienced by approximately 70% of patients with schizophrenia. At the present time, there are no self-evaluation scales for auditory verbal hallucinations. They would allow the patient to self-assess their hallucinations when they occur, taking into account the great variability over time. Moreover, self-assessment allows the patients to better recognize their symptoms and to be more engaged in their treatment. In this context, we have developed a digital device (MIMO) allowing the patient to self-evaluate his/her AVH and to declare his/her hallucinatory crisis at any time. This device contains a self-assessment of auditory verbal hallucinations (SAVH) with 13 questions, 9 of which concern the frequency, the severity, the content and the impact of hallucinations. These 9 questions are rated on a 5-point scale ranging from 0 (absent) to 5 (severe). The patients and practitioners can have an online feedback on the scores as well as on their temporal changes.
Objectives: The aim of this study was to validate the SAVH scale as well the digital tool, to demonstrate the acceptability by the patients and to prove the feasibility in using such a digital device (mobile phone or tablet).
Methods: Forty one patients with schizophrenia or schizoaffective disorder (DSM-5) with AVH loaded this application on their own mobile or on a loaned one. AVH was also assessed with the Auditory Hallucination Rating Scale associated with the Brief Psychiatric Rating Scale and the self-assessment of insight. Moreover, a questionnaire included a visual analogic scale on the global satisfaction of the device scoring from 0 ("Not at all satisfied") to 10 ("Very satisfied") and 22 questions concerning the conditions of use, the acceptability and the content of the app, its impact on mental health, and questions related to the declaration of hallucinatory crisis. Moreover, statistical analyses were carried out testing internal, external and construct validities of the SAVH.
Results: 56.1% and 36.6% of patients found the app to be easy and very easy to use, respectively. 61% and 29.3% of the patients considered that the questions were respectively rather adapted and very adapted to the evaluation of auditory hallucinations. 46.3% of patients found the questions quite easy to understand. The majority of patients felt that the MIMO app could be useful to them. Overall satisfaction was 8.073+-3.8 indicating very good overall patient satisfaction of the app. Statistical tests revealed significant convergence and divergence validities as well as good internal consistency of the SAVH.
Conclusions: This study demonstrated good psychometric properties of the SAVH and very good acceptability of this kind of assessment by digital device in patients with schizophrenia. Such a device can be quite useful to assess the efficacy of the treatment of AVH and to increase the patient's empowerment.

Disclosure of Interest: None Declared

EPP0761

General intelligence in adult patients with early- and adult-onset schizophrenia

T. Calkova[1,2]*, L. Mørch-Johnsen[3,4], R. Elle Smelror[3,5], K. Nordbø Jørgensen[3,6], S. Cervenka[2,7], K. Collste[2], A. Vaskinn[3,8], A. Margrethe Myhre[3,9], O. A. Andreassen[3,9], T. Ueland[9,10,11], I. Agartz[2,3,5] and D. Andreou[2,3,5]

[1]Centre for Clinical Research, Västmanland County Hospital Västerås, Uppsala University, Västerås; [2]Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet & Stockholm Health Care Services, Stockholm, Sweden; [3]Norwegian Centre for Mental Disorders Research (NORMENT), Institute of Clinical Medicine, University of Oslo, Oslo; [4]Department of Psychiatry & Department of Clinical Research, Østfold Hospital, Grålum; [5]Department of Psychiatric Research, Diakonhjemmet Hospital, Oslo; [6]Department of Psychiatry, Telemark Hospital, Skien, Norway; [7]Department of Medical Sciences, Psychiatry, Uppsala University, Uppsala; [8]Centre for Research and Education in Forensic Psychiatry, Oslo University Hospital, Oslo, Sweden; [9]Norwegian Centre for Mental Disorders Research (NORMENT), Division of Mental Health and Addiction; [10]Psychosis Research Section, Oslo University Hospital and [11]Department of Psychology, University of Oslo, Oslo, Norway
*Corresponding author.
doi: 10.1192/j.eurpsy.2023.1048

Introduction: Early-onset schizophrenia (EOS) is a relatively uncommon disorder with psychotic symptoms emerging before 18 years of age. Although still under debate, EOS may be a more severe disorder relative to adult-onset schizophrenia (AOS), with worse prognosis. Cognitive deficits are a core feature of schizophrenia, accounting for a large part of the detrimental effect of the