

**Methods:** In our Navigate Program, we have developed strategies based on literature and experience that enables the person/family to be part of the decision-making process, which at times presents dilemmas and risks but also promotes the potential for growth and transformation.

**Results:** How do we talk about the medication issue? Who can continue without medication or with very low dosage? How can we taper antipsychotic treatment?

**Conclusions:** Are we willing to take the risk?

**Disclosure:** No significant relationships.

**Keywords:** Navigate; long term antipsychotic treatment; shared decision making; first psychosis

## EPV1431

### Gender differences in clinical and psychosocial features in a large sample of Italian patients with schizophrenia

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**Introduction:** An extensive literature regarding gender differences relevant to several aspects of schizophrenia is nowadays available. It includes some robust findings as well as some inconsistencies. The identification of gender differences and the understanding of their explanations may help to clarify the underlying etiopathogenetic mechanisms of specific aspects of the disorder.

**Objectives:** The present study aimed at investigating gender differences on premorbid, clinical, cognitive and outcome indices, as well as their impact on recovery, in a large sample of patients with schizophrenia recruited within the multicenter study of the Italian Network for Research on Psychoses.

**Methods:** State-of-the-art instruments were used to assess the investigated domains. Group comparisons between male and female patients were performed on all considered indices. The associations of premorbid, clinical and cognitive indices with recovery in the two patient groups were investigated by means of multiple regressions.

**Results:** Males with respect to females had a worse premorbid adjustment – limited to the academic dimension – an earlier age of onset, a higher frequency of history of substance and alcohol abuse, more severe negative symptoms (both avolition and expressive deficit), positive symptoms and impairment of social cognition. No gender difference was observed in neurocognition nor in the rates of recovery.

**Conclusions:** Although males showed some disadvantages in the clinical picture, this was not translated into a worse outcome. This finding may be related to the complex interplay of several factors acting as predictors or mediators of outcome.

**Disclosure:** No significant relationships.

**Keywords:** Gender differences; Recovery; schizophrenia; sex differences

## EPV1432

### Aripiprazole lai two-injection start in a 16 year-old with Schizophrenia

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**Introduction:** Aripiprazole LAI is approved for the treatment of schizophrenia in adults. Recently, Europe and Canada approved the use of the two-injection start (TIS) regimen: two separate injections of 400 mg long-acting aripiprazole along with a single 20 mg dose of oral aripiprazole. Aripiprazole showed efficacy in the treatment of adolescents with acute schizophrenia in several controlled trials, leading to its approval for 13-17 year-old adolescents with schizophrenia by the EMA. However, the LAI formulation still remains off-label in adolescents.

**Objectives:** To demonstrate the efficacy and safety of the TIS regimen of aripiprazole LAI formulation in a 16 year-old adolescent with schizophrenia.

**Methods:** We evaluated the symptoms of schizophrenia and general severity by means of the PANSS and CGI scales. The scales were administered at hospital admission, after 3 weeks, 5 weeks, and at 4-weeks follow-up.

**Results:** At the admission the patient PANSS total score was 136, the CGI score of 7. Aripiprazole was started and up-titrated to 30 mg/day. After 3 weeks, the positive symptoms were significantly reduced; due to the persistence of negative symptoms, clozapine 100 mg/day was added. At week 5 the PANSS total score decreased to 81. Due to poor insight we proposed aripiprazole LAI with the two-injection start. One month later, global functioning and illness insight improved; PANSS score was 43, CGI score 2. There was no evidence of akathisia or other side effects.

**Conclusions:** Aripiprazole LAI showed good efficacy and tolerability in an adolescent with schizophrenia. The two-injection start regimen was a safe and viable option.

**Disclosure:** No significant relationships.

**Keywords:** schizophrenia; lai two-injection; Psychofarmacology; Psychosis

## EPV1433

### Are conspiracy theorists psychotic? A comparison between conspiracy theories and paranoid delusions

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