include cardiovascular diseases, lung disease, substance and alcohol use, head injuries and diabetes.
Conclusions: According to data, there is a strong correlation between schizophrenia and dementia.However, the related studies are limited in number, while their results require further investigation because of limitations (small sample sizes, co-morbidities, selection of chronic elderly patients).Furthermore, most of these studies were conducted in Western countries, highlighting the necessity of pursuing additional research.

Disclosure of Interest: None Declared

EPV0998

The role of Galacto-oligosaccharides (GOS) in the recovery from dysbiosis in patients on long-term atypical antipsychotic treatment

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Introduction: Atypical antipsychotic (AAP) drugs are the gold-standard treatment for psychotic patients but are nowadays also widely prescribed among people with other mental disorders. Notwithstanding the benefits of AAP in terms of symptom improvement, there are severe adverse effects including the metabolic syndrome. A novel hypothesis is that part of these undesirable effects of antipsychotics could be mediated by their deleterious effects on the microbiome. This may result in dysbiosis, the disruption of bacterial species of the gut microbiota. Recently, dysbiosis has been linked to poor quality of life, depression and anxiety through the gut-brain axis. Mounting evidence proposes that prebiotic consumption may be helpful in the recovery of dysbiosis, although this effect is unclear among long-term antipsychotic users.
Objectives: The main objective of this study is to assess the potential beneficial effects of the prebiotic Galacto-oligosaccharides (GOS) in combination with 2′-fucosyllactose (2'-FL) on the gut microbiota, by showing a relative increase in Bifidobacteria in fecal samples following intervention. The secondary objective is to assess the effects of GOS on mental wellbeing, sleep, and metabolic parameters. We hypothesize that GOS+2'FL supplementation will improve gut health, mental wellbeing, sleep, and metabolic parameters. Data will be collected 4 weeks prior to the start of the intervention during an observation only phase [t0], at baseline [t1], and after 2 [t2] and 6 [t3] weeks of GOS+2'FL intake. A follow-up will take place at week 10, 4 weeks after the intervention [t4]. Other outcomes that are assessed include the FiberScreen tool, the form of human faeces (Bristol Stool Chart), side effects and the defined daily dosis (DDD) of antipsychotic medication.
Methods: The study is a single-arm pilot study (non-randomized and non-blinded). We aim to include 30 psychiatric patients on long-term atypical antipsychotic use, irrespective of their specific psychiatric disorder, with a BMI > 25 kg/m^2. Following a run-in period of 4 weeks (no intervention but all other aspects of the study), the participants will consume GOS^{plus} (7.0 g Biotis^{TM}GOS + 0.7 g 2'-FL) daily during the first consumption moment of the day (preferably in the morning) for 42 days. The GOS^{plus} powder has a slightly sweet flavour. The primary endpoint is the change in Bifidobacteria in fecal samples from week 0 to week 6.
Results: The study started recruiting participants in October 2023.
Conclusions: Conclusions are expected by the end of 2024.

Disclosure of Interest: None Declared

EPV0999

Rethinking Schizophrenia: Beyond the Voices of Schizophrenia

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Introduction: Despite improvements and innovation in recent years, people living with schizophrenia face variations in access to optimal treatment and care. There is a lot about schizophrenia that is not fully understood, and the high-quality care and support needed by people living with this condition is often unavailable.
Objectives: Develop an evidence-based, compelling policy narrative on schizophrenia Engage a pan-European, multidisciplinary group of experts Offer concrete tools to patient and professional advocacy groups Disseminate findings Draw from our findings practical solutions on how to implement recommendations
Methods: Based on carefully selected existing literature and available resources, **literature review** includes but is not limited to: Value of Treatment Recommendations, Global Burden of Disease Study, Comprehensive Mental Health Action Plan, Mental Health Atlas. The aim is to establish state of play, identify problems and solutions and take stock of current recommendations.
We established a **multi-disciplinary working group** to lead the project, and ensured that representation on this group is cross-disciplinary and cross-sector. The expert group includes country-level patient advocates and clinical leads including key opinion leaders (KOLs) to keep the project focused on what is happening at a national level, and to help create ownership at the national level to take recommendations forward within each country.
We conducted **qualitative semi-structured interviews** with people living with schizophrenia where they provided their insights into how to rethink the way we deal with schizophrenia.
Results: *Provide clear, concrete and adaptable solutions Joint ownership by key stakeholder groups of a common policy narrative on schizophrenia Sustained policy engagement on schizophrenia at the EU and national level*
Conclusions: There is a clear need to rethink the management of schizophrenia and redesign the care pathways to ensure optimal treatment and care for all people living with schizophrenia in Europe. Based around patient testimonies, the aim of the session is to highlight the need to optimise the way we manage schizophrenia by building a strong, coherent, evidence-based policy narrative which speaks to the current priorities in schizophrenia and draws from the current policy landscape in Europe.
Experts involved in the *Rethinking Schizophrenia* project, coordinated by the European Brain Council, have explored the ways in which we can and need to change the way we deal with

schizophrenia. The *Rethinking Schizophrenia* project falls under the *Rethinking the management of brain disorders* series, research-driven projects offering policy recommendations to make tangible changes with the aim to improve the lives of people living with brain disorders, neurological and mental alike, across Europe.

Disclosure of Interest: None Declared

EPV1001

Stigma in first epizode patients with schizophrenia

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Introduction: Patients with schizophrenia confront with stigmatization in their everyday life. Differences in their perception of stigmatization based on the number of hospitalizations and duration of treatment are unsufficiently researched.
Objectives: Our aim was to investigate whether patients with first-episode schizophrenia differ in their perception of stigmatization from schizophrenia patients with more than one hospitalization,
Methods: A consecutive sample of 120 stable outpatients (70 males, 50 female) diagnosed with schizophrenia were included in the study. Diagnosis of schizophrenia was established with Neuropsychiatric Interview. First episode patients consisted 28.3% of the group.
All patients were at least once hospitalized for mental illness. Patients were dichotomised based on the number of hospitalizations.
The study was approved by Ethic committee of the institutions. Stigma was assessed with Internalized Stigma of Mental Illness (ISMI) scale.
ISMI scale contains 29 Likert items rated on a 4-point scale ranging from "strongly disagree" to "strongly agree". It contains five subscales: Alienation, Stereotype Endorsement, Discrimination Experience, Social Withdrawal and Stigma Resistance. The overall internal consistency for the global ISMI was 0,89; Alienation-0,76; Stereotype endorsement- 0,63; Discrimination- 0,72; Social withdrawal- 0,57.
All analyses were performed using the SPSS 25.0. The differences between groups on continuous variables were evaluated using t-test with Bonferroni correction. For all analyses, the level of statistical significance was defined as an alpha less than 0.05
Results: There were no differences in first-episode and more episode patietns in ISMI and its subscales. Number of hospitalizations was associated with Stereotype endorsement subscale (r=228; p=0,012) Age was correlated with stigma.
Conclusions: Although stigma did not differ between first-episode patients and patients with two or more hospitalizations, stereotype endorsement was strongy associated with the number of hospitalizations leading to conclusion that stigma is associated with psychiatric treatment and our aim must be to destigmatize the treatment and avoid hospitalizations.

Disclosure of Interest: None Declared

EPV1002

Cognitive and social cognitive function in patients with schizophrenia and affective disorder: effects of combining pharmacotherapy with cognitive remediation

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Introduction: In recent decades, there has been increasing interest in neurocognitive function, including non-social and social cognition. Cognitive impairment has a significant impact on functional outcome, especially in schizophrenic disorders, but also in affective and other psychiatric disorders.
Objectives: It is our aim to present the assessment and measurement of cognitive dysfunction through adequate instruments and to evaluate the effects of combining pharmacotherapy and cognitive remediation.
Methods: A review of the modern literature is undertaken and results of own investigations using the Screen for Cognitive Impairment in Psychiatry (SCIP, Sachs G *et al.* Schizophr Res Cogn. 2021 May 12;25:100197; Sachs G *et al.* Schizophr Res Cogn. 2022 Jun 6;29:100259) are presented and evaluated.
Results: Our data show that it is possible to capture cognitive dysfunction in clinical practice.
Conclusions: After a differentiated assessment of cognitive dysfunction, a specific combination of pharmacotherapy and cognitive remediation should be applied to patients with schizophrenia and affective disorders.

Disclosure of Interest: None Declared

EPV1003

Baseline antipsychotic prescription and short-term outcome indicators in individuals at clinical high-risk for psychosis: Findings from an Italian longitudinal study

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Introduction: The prognostic prediction of outcomes in individuals at clinical high-risk for psychosis (CHR-P) is still a significant clinical challenge. Among multiple baseline variables of risk calculator models, the role of ongoing pharmacological medications has been partially neglected, despite meta-analytical evidence of higher risk of psychosis transition associated with baseline prescription exposure to antipsychotics (AP) in CHR-P individuals. In particular, baseline AP exposure in CHR-P individuals may be considered as a functional equivalent of the psychometric transition to psychosis, as already postulated in the original 'Ultra High-Risk' model.