EPV1301

Protocol for the safety of brodalumab regarding psychiatric comorbidities in patients with psoriasis.

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Introduction: Brodalumab, an anti-IL17RA monoclonal antibody, is a treatment option for plaque psoriasis related to increased risk of suicidal ideation and behavior, including completed suicide.However, in the literature no causal relationship is reported, and the reported incidence of patients receiving brodalumab that committed suicide did not differ from the expected suicide incidence of the general population.
Objectives: Our objective is to answer the followings:1) What is the probability of developing emotional disorders during treatment with brodalumab.2) What is the recurrence rate of previously diagnosed emotional disorders in brodalumab responders (Kaplan-Meier curve). 3) What is the relationship between suicide and/or suicidal ideation in patients receiving treatment with brodalumab.
Methods: The study will enroll patients with moderate to severe psoriasis (aged 18-70) that attend the outpatient dermatology, and who already receive or are eligible to receive treatment with brodalumab. Patients who are willing to participate in the study will be provided with the self-completing questionnaires PHQ-9, GAD-7, RASS, HRQoL. During follow-up, if a patient presents with a PHQ> 9, will be referred for an HDRS evaluation in which if score> 17 in at least 2 scores or an increase in the RASS scale is detected, will be referred for psychiatric intervention.
Results: Assessments will take place a) before treatment , b) 2 weeks after initiation of treatment with brodalumab , c) every month for the first 3 months, and e) on a quarterly basis up to 52 weeks.
Conclusions: This study will focus on creating a protocol for the safe use of brodalumab in psoriasis patients with concomitant psychological/psychiatric comorbidities.

Disclosure: No significant relationships.
Keywords: psoriasis; il-17

EPV1300

Childbirth hospitalizations in Bipolar disorder patients: a nationwide study protocol

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Introduction: Bipolar disorder (BD) is usually diagnosed in adulthood, around childbearing age. Research has shown that BD has deleterious effects on pregnant women and birth outcomes. However, few nationwide studies using administrative data have approached this at-risk population focusing specifically on childbirth.
Objectives: This study aims to characterize hospitalizations of women with BD in the peripartum period regarding sociodemographic and clinical variables and to investigate the impact BD has on hospitalization outcomes.
Methods: An observational retrospective study will be performed using an administrative database that comprises routinely collected hospitalization data from all mainland Portuguese public hospitals. International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes will be used to identify all women's admissions for childbirth purposes (V27.X) and codes 296.XX (except 296.2X, 296.3X, 296.9X) will be used to ascertain BD. Episodes will be assigned to one of two mutually exclusive groups (with vs without BD). Multivariate methods will be used to compare both groups concerning key variables and outcomes. This work will comply with the RECORD statement recommendations.
Results: Descriptive and analytical statistics will be conducted in order to describe and characterize this group of patients. Results will be presented as crude and adjusted odds ratio quantifying the risk associated with BD in pregnancy, childbirth and hospitalization outcomes. Findings will be disseminated via publication in peer-reviewed journals.
Conclusions: With this nationwide analysis, we expect to contribute to a better understanding of the demographic and clinical profile of pregnant women with BD and to encourage timely medical and psychological interventions during gestation and childbirth.

Disclosure: No significant relationships.
Keywords: Childbirth; Hospitalizations; Pregnancy; bipolar disorder

EPV1301

An alternative to jail by assertive community treatment and housing for people with severe psychiatric disorders and insecure accommodation: a potential win-win outcome of reduced recidivism and reduced public expenditure

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Introduction: People with severe psychiatric disorders (SPD) who experience housing vulnerability have to negotiate discontinuous mental health care pathways including poor access to common rights services and an increased risk of incarceration. To reduce morbidity and improve social integration of these people, Médecins du Monde (NGO), in association with the Ministry of Justice and APHM, is piloting the experimentation of an alternative to prison through assertive community treatment (ACT) and independent housing for people with SPS without housing who are referred to the court for immediate appearance.

Objectives: The main objective is to evaluate the effectiveness of the innovative program (AILSI) compared to usual services by assessing the duration of re-incarceration at 18 months of follow up.

Methods: The AILSI project has been certified as a Social Impact Bond, in which private investors support the program, with the guarantee that the French government will reimburse the investments if social impact outcomes are met. To measure the effectiveness and efficiency of the program, a randomized controlled study was designed: 100 patients will be included in the AILSI group (intervention) and 120 in the TAU group (usual services). Four social impact outcomes are identified: inclusion rate, signed leases rate, total length of re-incarceration and total resource use. It is a mixed quali-quanti research, which integrates a matching to administrative health and judicial databases.

Results: Inclusions are ongoing.

Conclusions: The AILSI program and the research methods used are described herein. In addition, detailed information on the limitations and strengths of the SIB system are also discussed.

Disclosure: No significant relationships.
Keywords: Social Impact Contract; Incarceration; housing insecurity; Severe Mental Disorders

EPV1303

Facial emotion recognition deficits in first-degree relatives of patients with bipolar disorder: a systematic review protocol

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Introduction: Bipolar Disorder (BD) is one of the most challenging and severe psychiatric disorders. Considerable research in BD patients points to deficits in Facial Emotion Recognition (FER) as a potential BD endophenotype. Accordingly, such deficits have also been found in unaffected BD first-degree relatives, but no study has been conducted to synthetize this evidence.

Objectives: To conduct a systematic review of studies exploring FER deficits in first-degree relatives of patients with BD.

Methods: PRISMA 2020 recommendations will be followed. PubMed, Scopus, Web of Science and SciELO electronic bibliographic databases will be searched, as well as grey literature. Reference lists of the included studies will be hand-searched for additional eligible studies. Search strategy will include key-terms in accordance with the pre-established PICOS definition. No restrictions will apply regarding study design, setting, publication date nor language. Outcomes of interest will be FER deficits. Retrieved studies will be screened for eligibility by two independent reviewers using a two-phase approach. The methodological quality of primary studies will be assessed and data extracted independently using a standardized extraction form.

Results: will be described using narrative and tabular approaches. Studies heterogeneity will be verified and if adequate a meta-analysis will be conducted. Findings will be disseminated through a peer-reviewed publication.

Conclusions: It is expected that this systematic review will support the hypothesis that FER deficits may constitute a potential candidate for a BD endophenotype, which will not only improve the understanding of BD neurobiology, but also enable its identification in earlier stages, allowing timely treatments and better patients' outcomes.

Disclosure: No significant relationships.
Keywords: Facial Emotion Recognition deficits; First-degree relatives; systematic review; bipolar disorder

Schizophrenia and other Psychotic Disorders

EPV1305

Association between lymphocytes, hippocampus volume and depressive symptoms in drug – naïve First Episode Psychosis

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Introduction: The role of the white blood cells, which form the peripheral immune system and are crucial in inflammatory processes, has been laid aside in the context of brain structural changes in schizophrenia.

Objectives: Determine how blood cells are associated with some brain structures volumes in first episode psychosis (FEP) and their relationship with clinical variables at baseline and 1 year follow – up.

Methods: Fifty *drug-naïve* FEP treated between April 2013 and July 2017 at the ETEP Program at Hospital del Mar were included. Inclusion criteria were: 1) age 18-35 years; 2) fulfillment of DSM-IV-TR criteria for brief psychotic disorder, schizophreniform disorder, schizophrenia or unspecified psychosis; 3) no previous history of severe neurological medical conditions or severe traumatic brain injury; 4) presumed IQ level > 80, and 5) no substance abuse or dependence disorders except for cannabis and/or nicotine use. All patients underwent an assessment at baseline and at one-year follow-up, including sociodemographic and clinical variables (substance use, DUP, PANSS, GAF and CDSS). Fasting blood samples were obtained before administering any medication at baseline. Structural T1 MRI was performed