consider possible cognitive factors influencing adherence to enable offering proper interventions.

Disclosure of interest The author has not supplied his declaration of competing interest.

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FC68

Peripheral sub-inflammation is associated with antidepressant consumption in schizophrenia. Results from the multi-center FACE-SZ dataset

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Objectives The relation between C-reactive protein (CRP), depression and antidepressant consumption has been well explored in major depressive disorders but not in schizophrenia, which has a high rate of depression comorbidity. The objectives of this study were:
– to determine the prevalence of abnormal CRP levels, depression and antidepressant consumption in a multi-center community-dwelling sample of subjects with schizophrenia;
– to determine the association between abnormal CRP levels, depression and antidepressant consumption in schizophrenia.
Method Two hundred and nineteen stable patients with schizophrenia (mean age = 31.6 years, 75.3% male gender) were systematically included in the multicentre network of FondaMental Expert Center for schizophrenia (FACE-SZ) and assessed with Calgary Depression Scale for depression. High sensitivity CRP (hs-CRP) was measured with an assay using nephelometry (Dade Behring). Abnormal CRP level was defined by levels > 3 mg/L. Current medication was recorded.
Results Overall, 63 subjects (28.8%) were found to have abnormal CRP levels, 43 (20.1%) received a diagnosis of comorbid current depression, and 51 (31.9%) had ongoing antidepressant treatment. In univariate analysis, abnormal CRP levels were found to be significantly associated with metabolic syndrome ($P = 0.0011$) and with antidepressant consumption ($P = 0.01$), while depression, psychotic symptomatology, age of onset, illness duration, sociodemographic characteristics, current tobacco or cannabis status were not (all $P > 0.05$).
In a multivariate model, abnormal CRP was highly associated with antidepressant consumption independently of other confounding variables (adjusted odd ratio = 2.9, 95% confidence interval 1.2–6.8).
Conclusion Abnormal CRP levels in schizophrenia were found to be associated with antidepressant consumption, but not with depression.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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FC69

Birth by cesarean section and schizophrenia. Results from the multi-center FACE-SZ dataset

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Objectives Children born by cesarean section ("c-birth") are known to have different microbiota and a natural history of different disorders including allergy, asthma and overweight compared to vaginally born ("v-birth") children. C-birth is not known to increase the risk of schizophrenia (SZ), but to be associated with an earlier age at onset. To further explore possible links between c-birth and SZ, we compared clinical and biological characteristics of c-born SZ patients compared to v-born ones.
Method Four hundred and fifty-four stable community-dwelling SZ patients (mean age = 32.4 years, 75.8% male gender) were systematically included in the multicentre network of FondaMental Expert Center for schizophrenia (FACE-SZ).
Results Overall, 49 patients (10.8%) were c-born. These patients had a mean age at schizophrenia onset of 21.9 ± 6.7 years, a mean duration of illness of 10.5 ± 8.7 years and a mean PANSS total score of 70.9 ± 18.7. None of these variables was significantly associated with c-birth. Multivariate analysis showed that c-birth remained associated with lower peripheral inflammation (aOR = 0.07; 95% CI 0.009–0.555, $P = 0.012$) and lower premorbid ability (aOR = 0.945; 95% CI 0.898–0.994, $P = 0.03$) independently of age, age at illness onset, sex, education level, psychotic and mood symptomatology, antipsychotic treatment, tobacco consumption, birth weight and mothers suffering from schizophrenia or bipolar disorder.
Conclusion Altogether, literature data as well as our results suggest that c-birth is associated with lower weight gain and lower inflammation in schizophrenia, which could be explained by microbiota differences. Further studies should take into account c-birth when exploring the role of microbiota in SZ patients.

Disclosure of interest The authors have not supplied their declaration of competing interest.

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FC70

Abnormal connectivity in dorsolateral prefrontal cortex in schizophrenia patients and unaffected relatives

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Objectives The aim of this study is to explore connectivity of the left dorsolateral prefrontal cortex (LDLPC) by functional magnetic resonance imaging during resting state, in subjects affected by schizophrenia and unaffected relatives.
Methods We recruited a group of 29 patients diagnosed with schizophrenia, who were treated with atypical antipsychotics, who are and were clinically stable in the last 6 months and had an illness duration range from 5 up to 15 years. We also recruited a group of 23 unaffected relatives, without history of other mental, neurological or somatic disease and a group of 37 healthy volunteers. No subject in any of the three groups met criteria for substance use disorders.
All three groups were clinically evaluated, and a functional magnetic resonance during Resting State was performed.
Functional images were reoriented to the first scan, normalized to the MNI EPI template and smoothed with an 8 mm Gaussian kernel, with SPM. The CONN-FMRI Toolbox v1.2 was used to create individ-

ual subject seed-to-voxel connectivity maps, to the corresponding seeds of the default mode network.

Results Fig. 1.

Conclusions Our results show a significant increase in connectivity between LDLPC and anterior prefrontal cortex, dorsolateral prefrontal cortex and somatosensory association areas, especially between patients and controls. It is noteworthy to mention that we found a significant decrease in connectivity between LDLPC and supramarginal gyrus, superior temporal gyrus and somatosensory association areas between unaffected relatives and controls.
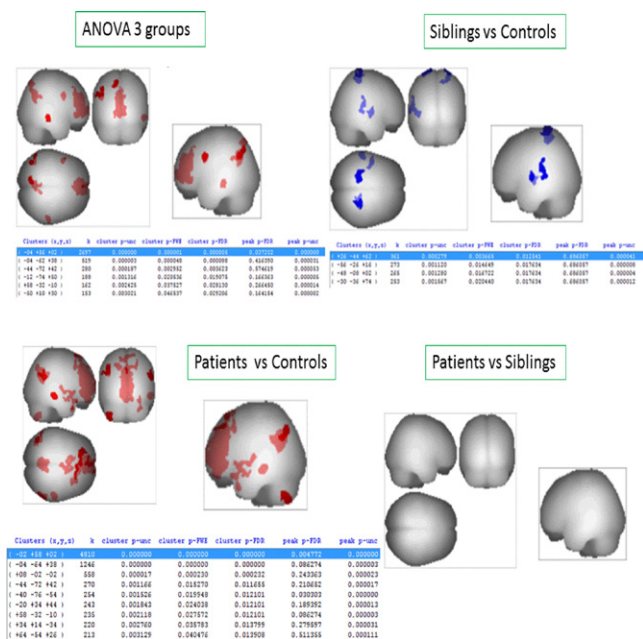

Fig. 1

FC71

An interventional, multi-center, randomized, double-blind, placebo-controlled, active reference, flexible dose study of brexpiprazole in adults with acute schizophrenia

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Introduction Brexpiprazole is a serotonin-dopamine activity modulator that is a partial agonist at $5\text{-}HT_{1A}$ and dopamine D_2 receptors at similar potency, and an antagonist at $5\text{-}HT_{2A}$ and noradrenaline $alpha_{1B/2C}$ receptors.

Objectives Evaluating the efficacy, safety, and tolerability of flexible doses of brexpiprazole compared with placebo in patients with acute schizophrenia.

Aim Primary endpoint was change from baseline to week 6 in PANSS total score and key secondary endpoint was change from baseline to week 6 in CGI-S score.

Methods Phase 3, multi-center, randomized, double-blind, placebo-controlled, active reference, trial (NCT01810380). Hospitalized patients were randomized to brexpiprazole (2 to 4 mg/day), placebo, or quetiapine extended release (400 to 800 mg/day) for 6 weeks. Quetiapine was included as an active reference. Changes from baseline were analyzed using an MMRM approach.

Results Mean change in PANSS total score was -20.0 and -15.9 in the brexpiprazole ($n = 150$) and placebo ($n = 159$) groups, respectively ($P = 0.056$). Sensitivity analyses suggested treatment effect (e.g., ANCOVA, LOCF: $P = 0.025$; ANCOVA, OC: $P = 0.026$). Mean change in PANSS total score (-24.0) with quetiapine ($n = 150$) was significantly greater than that with placebo ($P < 0.001$), demonstrating sensitivity of the assay. Brexpiprazole separated from placebo on the mean change in CGI-S score (-1.2 vs. -0.9, $P = 0.014$). The proportion of patients reporting TEAEs were similar between the brexpiprazole and placebo treatment groups (54% versus 54.7%).

Conclusion Treatment with brexpiprazole showed a clinically meaningful improvement in patients with acute schizophrenia. While the difference between brexpiprazole and placebo only approached statistical significance, sensitivity analyses and secondary endpoints supported a treatment effect of brexpiprazole.

FC72

Are self-stigma and coping strategies interrelated in outpatients with schizophrenia spectrum disorders using the psychiatric medication? Cross-sectional study

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Introduction Self-stigma is the maladaptive psychosocial phenomenon that can affect the patient's self-image, may lead to dysphoria, social isolation, reduced adherence and quality of life. Maladaptive coping strategies may adversely disturb the overall functioning of psychiatric patients.

Objectives Thinking about coping strategies and self-stigma in practice may play a significant role in understanding patients with schizophrenia spectrum disorders, especially for mental health professionals. Focus on coping strategies could be a useful concept in supportive and educational therapy to help patients in using more adaptive coping strategies and decrease their self-stigma.

Aims The aim of this study was to determine the relation between coping strategies and the self-stigma among outpatients with schizophrenia and related disorders.

Methods Stress Coping Style Questionnaire (SVF-78), Internalized Stigma of Mental Illness (ISMI) and severity of the disorder