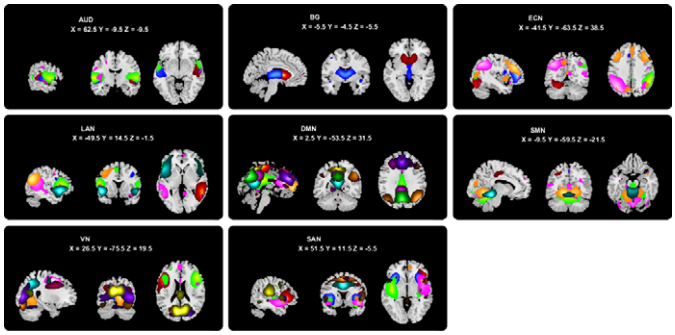
association. Graph-theoretical analysis of the brain connectome provides more indicators to describe the functional organization of the brain, which may help us understand the shared and disorder-specific neural basis of the two disorders.

Objectives: To explore the static and dynamic topological organization of OCD and SZ as well as the relationship between topological metrics and clinical variables.

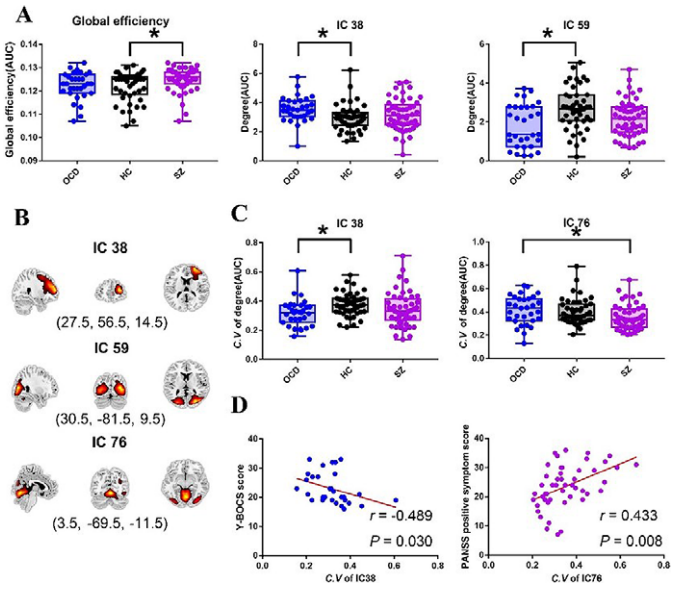
Methods: Resting state functional magnetic resonance imaging data of 31 OCD patients, 49 SZ patients, and 45 healthy controls (HC) were involved in this study (Table 1). Using independent component analysis to obtain independent components (ICs) (Figure 1), which were defined as nodes for static and dynamic topological analysis.

	OCD (n=31)	SZ (n=49)	HC (n=45)	$F/\chi^2/t$ value	*P* value
Gender (number)	19M, 12F	27M, 22F	25M, 20F	0.341[a]	0.843
Age (years)	27.1(1.7)	24.6(1.2)	26.6(1.4)	0.960[b]	0.386
Education(years)	13.7(0.5)	12.3(0.4)	12.5(0.5)	1.995[b]	0.140
Duration (years)	6.0(1.0)	1.6(0.3)	-	27.819[c]	<0.001
YBOCS total	22.9(0.9)	-	-	-	-
HAMA	7.9(0.6)	-	-	-	-
HAMD	9.8(0.5)	-	-	-	-
PANSS total	-	88.3(2.6)	-	-	-
PANSS positive	-	23.4 (7.2)	-	-	-
PANSS negative	-	19.2 (8.3)	-	-	-
PANSS general	-	45.7 (10.1)	-	-	-

[a], chi-square test; [b], ANOVA; [c], 2-sample t-test; values are given as mean (SD);
Abbreviations: YBOCS, Yale-Brown Obsessive-Compulsive Scale; HAMA, Hamilton Anxiety Rating Scale; HAMD, Hamilton Depression Rating Scale; PANSS, Positive and Negative Syndrome Scale.



Results: Static analysis showed the global efficiency of SZ was higher than HC. For nodal degree centrality, OCD exhibited decreased degree centrality in IC59 (located in visiual network) (P = 0.03) and increased degree centrality in IC38 (located in salience network) (P = 0.002) compared with HC. Dynamic analysis showed OCD exhibited decreased dynamics of degree centrality in IC38 (P = 0.003) compared with HC, which showed a negative correlation with clinical scores in OCD. While SZ showed decreased dynamics of degree centrality in IC76 (located in sensory motor network) compared with OCD (P=0.009), which showed a positive correlation with clinical scores in SZ (Figure 2).



Conclusions: These changes are suggestive of disorder-specific alternation of static and dynamic brain topological organization in OCD and SZ.

Keywords: graph theory; schizophrénia; Obsessive-Compulsive disorder; dynamic functional connectivity

EPP1187

Association of separate components of the metabolic syndrome and suicidal risk in patients with schizophrenia

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Introduction: Patients with schizophrenia have increased cardiovascular and suicide risk. Metabolic syndrome (MetS) is widespread in this group, however, there are no unambiguous data on the relationship between the separate components of metabolic syndrome and suicide risk.

Objectives: To examine the relationship between the separate components of the MetS and suicide risk in patients with schizophrenia.

Methods: We examined 64 patients with schizophrenia. All patients received antipsychotic therapy in doses comparable in chlorpromazine equivalents. We measured serum levels of lipids,

glucose and insulin. The visceral fat level was determined through the non-invasive bioimpedance analysis with an "Omron BF508" scale and body composition monitor. Suicide risk was assessed using Beck Hopelessness Inventory. There were identified two groups of examined: with MetS and without MetS. In both groups were distinguished two subgroups: patients with normal range of hopelessness and patients with mild and moderate hopelessness. Subgroups were compared among themselves for a number of anthropometric, biochemical and clinical indicators. Statistical analysis was conducted using Mann-Whitney U-test. Reliability level corresponded to $p<0.05$. This study was supported by a grant from the Russian Science Foundation 18-15-00011.

Results:

Indicators reflecting the state of carbohydrate and lipid metabolism, body fat composition and symptoms severity in patients with schizophrenia with metabolic syndrome (Me [Q1; Q3])

	Normal range of hopelessness (n = 4)	Mild and moderate level of hopelessness (n = 11)	p-value
Waist circumference	112 [107; 114,5]	101 [97; 105]	**0,026***
Body mass	102,6 [93; 113,8]	86 [83,5; 89,6]	**0,040***
BMI	33,65 [33.3; 34.7]	30,45 [27: 32.5]	**0,010***
Body fat percentage	42 [34,45; 47,9]	34,35 [27,5; 45,9]	**0,412**
Visceral fat level	13,5 [9; 18]	10 [8: 13]	**0,412**
Total fat fold	139,5 [111,5; 155,5]	106 [99; 124]	**0,188**
Abdomen fat fold	49,5 [45,5; 52]	44,5 [38; 47]	**0,240**
Glucose, mmol/L	5,35 [5,15; 6,15]	5,2 [4,9; 5,5]	**0,489**
Ch, mmol/L	5,05 [4,5; 6,02]	4,82 [4,09; 5,5]	**0,661**
TG, mmol/L	2,33 [1,51; 2,9]	1,96 [1,73; 2,17]	**0,753**
HDL, mmol/L	0,73 [0,63; 0,92]	0,64 [0,62;0,8]	**0,661**
LDL, mmol/L	3,12 [2,98; 3,97]	3,32 [2,67; 3,67]	**0,661**
VLDL, mmol/L	1,06 [0,69; 1,32]	0,89 [0,79; 1,07]	**0,851**
AIP	6,43 [4,76; 7,24]	5,65 [4,72; 6,44]	**0,571**

Comment: BMI – body mass index; Ch – cholesterol total; TG - triglycerides; HDL – high density lipoproteins; LDL – low density lipoproteins; VLDL – very low density lipoproteins; AIP – atherogenic index of plasma; p – level of statistical significance of differences

Waist circumference, body weight and BMI in subgroup with normal hopelessness range in the group of patients with MetS were significantly higher (figure 1).

Conclusions: We were able to establish a negative relationship between the waist circumference, body weight and BMI with suicide risk in schizophrenia patients. It can be assumed that adipose tissue can play a "protective" role in the suicidal behavior of schizophrenia patients.

Keywords: suicide risk; schizophrénia; Metabolic syndrome; obesity

EPP1188

Wernicke encephalopathy complicating catatonic schizophrenia

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Introduction: Wernicke's encephalopathy is a potentially fatal neurological emergency caused by thiamine deficiency. Although it is often associated with chronic alcoholism, it can also occur in all situations that lead to a thiamine deficiency such as undernutrition and exclusive artificial feeding.

Objectives: In this work, we propose to study the clinical and treatment concerns of Wernicke's encephalopathy complicating catatonic schizophrenia.

Methods: We retrospectively report the case of a patient who developed a Wernicke's encephalopathy in the aftermath of catatonic schizophrenia.

Results: Mr H.L, a 47-year-old-male has been followed in psychiatric hospital since the age of 27 for catatonic schizophrenia. He has been hospitalized in July 2020 because of oral intake refusal, social isolation and lack of self-care with a poor compliance to treatment. Examination of the patient revealed catalepsy, mutism and negativism. He was treated with antipsychotics drugs, benzodiazepines and parenteral nutrition. About six weeks after his hospitalization, the patient developed horizontal nystagmus and ataxic gait. Magnetic resonance imaging was consistent with Wernicke encephalopathy. Vitamin B1 dosage was 32nmol/l. Parenteral thiamine replacement therapy was initiated with clinical improvement

Conclusions: Catatonic schizophrenia can be associated with severe malnutrition and thus with thiamine deficiency and Wernicke's encephalopathy. An early intervention by supplying prophylactic thiamine given parenterally in high-risk patients is crucial to avoid Korsakoff syndrome, as well as cardiovascular and neuropsychiatric complications associated with thiamine deficiency.

Keywords: Wernicke's encephalopathy; catatonic schizophrenia; Korsakoff syndrome

EPP1189

Tolerability of cariprazine in the early stage of schizophrenia: A pooled, post-hoc analysis of 4 phase ii/iii double-blind placebo-controlled trials

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Introduction: In the early stage of schizophrenia (first 5 years), the most important clinical target besides symptom control is relapse prevention as each relapse significantly decreases the possibility of preferable long-term outcomes. Early discontinuation of antipsychotic medication due to intolerable side-effects is one of the most common causes of relapse.

Objectives: This poster aims to present cariprazine's tolerability in the early stage of schizophrenia.

Methods: Data from 4 randomized, double-blind, placebo-controlled trials (NCT00404573, NCT01104766, NCT01104779, NCT00694707) with similar design (1 week of wash out period, 6 weeks of treatment and 2-4 weeks of follow-up) were pooled. For the post-hoc analysis, patients with early stage of schizophrenia (defined as having a disease duration of less than 5 years) were extracted from the whole safety population, and approved doses of cariprazine (1.5-6.0 mg/day) were combined. Treatment-emergent adverse events (TEAEs) and discontinuation rates were analysed versus placebo.

Results: Overall, 169 placebo- (PBO) and 322 cariprazine-treated (CAR) patients were identified as having schizophrenia for less than 5 years. 67.7% cariprazine- and 56.2% placebo-treated patients reported at least one TEAE; most frequently insomnia (10.9 %