Objectives: The main aim of the current study was to test the hypothesis that ongoing AP need at baseline indexes a subgroup of CHR-P individuals with more severe psychopathology and worse prognostic trajectories along a 1-year follow-up period.
Methods: This research was settled within the 'Parma At-Risk Mental States' program. Baseline and 1-year follow-up assessment included the Positive And Negative Syndrome Scale (PANSS) and the Global Assessment of Functioning (GAF). CHR-P individuals who were taking AP medications at entry were included in the CHR-P-AP+ subgroup. The remaining participants were grouped as CHR-P-AP-. The acquisition of drug and outcome information was collected both at baseline and across the follow-up period. Finally, logistic regression analyses with dichotomized 1-year outcome parameters (previously showing statistically significant differences in inter-group comparisons) as dependent measures and sociodemographic and clinical characteristics as independent variables were also performed.
Results: Hundred and seventy-eight CHR-P individuals (aged 12–25 years) were enrolled (91 CHR-P-AP+, 87 CHR-P-AP-). Compared to CHR-P AP-, CHR-P AP+ individuals had older age, greater baseline PANSS 'Positive Symptoms' and 'Negative Symptoms' factor subscores and a lower GAF score. At the end of our follow-up, CHR-P-AP+ subjects showed higher rates of psychosis transition, new hospitalizations and urgent/non-planned visits compared to CHRP- AP- individuals.
Conclusions: The current study suggests that AP need is a significant prognostic variable in cohorts of CHR-P individuals and should be included in the current risk calculators. In particular, the results of this study conducted in a realworld clinical setting indicate that the rate of CHR-P individuals who were already exposed to AP at the time of CHR-P status ascription was higher than those reported in recent meta-analyses on this topic. Moreover, our findings confirm that baseline AP prescription appears to increase psychotic transition risk.

Disclosure of Interest: None Declared

EPV1004

Peculiarities of social functioning in patients with negative symptoms in schizophrenia

N. O. Maruta*, Y. A. Kushnir and G. Y. Kalenska

Borderline Psychiatry, "Institute of Neurology, Psychiatry and Narcology of NAMS of Ukraine" SI, Kharkiv, Ukraine
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1589

Introduction: The prevalence of schizophrenia in the world is between 0.4 and 1.4%, and the number of patients with negative symptoms (NS) in this group reaches 90%. NS are considered key components of schizophrenia that negatively affect social functioning (SF) and quality of life in patients with schizophrenia. The purpose of the study was to determine the features of SF among patients with NS in schizophrenia.
Objectives: Features of SF in 252 patients with NS in schizophrenia (main group) and in 79 patients with positive symptoms (PS) in schizophrenia (comparison group) were examined.
Methods: A set of methods was used: Scale of personal and social functioning (PSP), which is a semi-structured interview and allows to assess the social status of patients, their functioning and satisfaction with the relevant field and statistical methods.
Results: The analysis of the social and personal functioning of patients was carried out in four domains: socially useful activities, personal and social relationships, attention to oneself and one's condition, restless and aggressive behavior patterns. In the sphere of socially useful activities, including work and study, in a significant part of patients with NS in schizophrenia, SF violations were expressed at moderate (41.27 ± 1.26) % and significant (33.33 ± 1.08) % levels. In the sphere of personal and social interaction, 41.27 % of patients had significant violations, 28.97% of patients had moderate violations, and 21.83% had severe violations in the social sphere. In the field of self-care, 21.83% of patients had no violations, in 36.90% - violations in self-care were weakly expressed, and in 26.19% of people - moderately expressed.
When comparing the obtained results with patients with PS in schizophrenia, it was established that among patients with NS in schizophrenia there were more patients with significant impairments in the sphere of social activity (33.33%, p = 0.033, DC = 1.42, MI = 0, 07).. Patients with NS in schizophrenia were distinguished by a greater number of patients with significant impairments in the sphere of social interaction (41.27%, p = 0.001, DC = 2.58, MI = 0.24).. In the field of self-care, there were more persons with no violations among patients with NS in schizophrenia (21.83%, p = 0.008, DC = 3.33, MI = 0.20). There were more patients with the absence and weak expression of aggressive behavior patterns among patients with NS in schizophrenia (30.95%, p = 0.0001, DC = 10.87, MI = 1.55 and 45.63%, p = 0, 0001, DC = 6.54, MI = 1.16, respectively) in comparison with patients with PS in schizophrenia.
Conclusions: The obtained data should be taken into account when creating psychocorrective programs for patients with NS in schizophrenia.

Disclosure of Interest: None Declared

EPV1005

Acute effects of intranasal ocytocin on affective empathy of patients with refractory schizophrenia and healthy controls: results of a randomized clinical trial

F. D. L. Osório* and A. C. Ferreira

São Paulo University, Ribeirão Preto, Brazil
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1590

Introduction: Oxytocin (OXT) is a neuropeptide associated with social behavior and the modulation of neural circuits related to social cognition and emotion regulation. Schizophrenia is a mental disorder that causes impairment in different areas of social cognition, including empathy. A systematic review of the literature showed positive effects of exogenous administration of this hormone on the empathy of individuals without psychopathology, especially in the affective domain. Studies on the effect of OXT on empathy in patients with schizophrenia are very limited, being restricted to the cognitive domain.ations must be overcome in future studies. The effects associated with chronic use of the hormone should be the subject of future studies.

Objectives: to evaluate the effect of a single dose of intranasal OXT (24UI) on affective empathy in individuals with refractory schizophrenia and healthy controls.
Methods: a double-blind, randomized, placebo-controlled clinical trial was conducted. A convenience sample of 51 adult men (mean age 34.4 ± 7.6, >10 years of education) was recruited, 20 of whom were diagnosed with refractory schizophrenia according to the DSM-5 (exclusively using clozapine or clozapine + mood stabilizer and/or benzodiazepine) and 31 healthy controls. They were randomized into four groups and received OXT or placebo (PLA – vehicle: SCH-OXT (N=11), SHC-PLA (N=9), HC-OXT (N=15), HC-PLA (N= 16)). Before and after 50 minutes of administering the substance, they performed an affective empathy task (Multifaceted Emphaty Test – MET).
Results: the baseline levels of affective empathy of patients with schizophrenia were lower compared to healthy controls when faced with negative stimuli (p=0.003), but not positive ones (p=0.39). After the administration of OXT and PLA (post-pre), a small increase in empathy levels was observed in all groups, which did not reach statistical significance (positive stimuli: ΔSCH-OXT = 0.16±1.08; ΔSHC-PLA= 0.53±1.44, ΔHC-OXT= 0.02±0.67, ΔHC-PLA= 0.24±0.45, p=0.85; negative stimuli: ΔSCH-OXT = 0.20 ±1.31; ΔSHC-PLA= 1.16±0.79, ΔHC-OXT= 0.12±0.99, ΔHC-PLA= 0.31±0.57, p=0.11).
Conclusions: the acute effects of intranasal OXT did not favor improvements in the levels of affective empathy, either in patients with schizophrenia or in healthy controls, contrary to the hypotheses of this study. The limited sample size and context-dependent aspects of OXT may explain these findings. These methodological limitations must be overcome in future studies. The effects associated with chronic use of the hormone should be the subject of future studies.

Disclosure of Interest: None Declared

EPV1006

Lymphocyte level and selected cognitive functions in patients with schizophrenia – preliminary results

B. Nycz and K. Krysta*

Department of Rehabilitation Psychiatry, Medical University of Silesia, Katowice, Poland
*Corresponding author.
doi: 10.1192/j.eurpsy.2024.1591

Introduction: Schizophrenia is a mental disorder characterized by negative symptoms, such as cognitive impairment. Recent reports indicate the importance of the immune system in the pathophysiology of schizophrenia. The development of inflammation affects cognitive functioning.
Objectives: The aim of the study was to analyze the association between the level of lymphocytes in venous blood and selected cognitive functions in patients with schizophrenia.
Methods: Lymphocyte levels were determined in the venous blood of patients suffering from schizophrenia and the control group. Additionally, a verbal fluency test (VFT) and a Stroop test were conducted on the same day. The VFT evaluates the ability to express words, and the Stroop test assesses verbal working memory. The inclusion criteria were age up to fifty years, and for the study group – diagnosis of schizophrenia and treatment with neuroleptics. Exclusion criteria included organic brain diseases, electroconvulsive therapy, and use of benzodiazepines within 48 hours before the study. Currently, six patients and six healthy people have been studied.
Results: Patients diagnosed with schizophrenia have an increased lymphocyte concentration in the blood compared to healthy individuals constituting the control group. There are discrepancies in the results of the phonemic fluency test, no significant differences were found between schizophrenics and the control group. Healthy men and women achieved higher results in the semantic fluency test compared to men and women with schizophrenia. Women constituting the control group achieved higher results in the Stroop test compared to women suffering from schizophrenia. Table 1 illustrates the concentration of lymphocytes in venous blood and the number of points in the phonemic fluency test, semantic fluency test, and in the Stroop test of the study and the control groups.
Image:

People included in the study	Sex	Concentration of lymphocytes in venous blood [K/uL]	Number of points in the phonemic fluency test	Number of points in the semantic fluency test	Number of points in the Stroop test
Study group	Male	1,22	40	47	20
		1,65	30	44	17
		2,13	40	45	20
		1,53	34	41	20
	Female	1,6	33	44	36
		1,61	40	62	21
Control group	Male	2,7	14	27	30
		1,51	32	32	39
		1,53	26	26	46
		4,33	51	46	33
	Female	1,91	39	41	25
		1,53	59	52	22

Conclusions: Patients with schizophrenia are characterized by higher levels of immune system parameters and worse results in terms of semantic fluency. Men with schizophrenia showed no verbal working memory deficits. In turn, women with schizophrenia obtained worse results in the verbal working memory test. In conclusion, there is evidence of immune system activation in schizophrenia, which affects the cognitive functioning of patients.

Disclosure of Interest: None Declared

EPV1008

The SLC6A1 Mutation Schizophrenia case — A Comprehensive Case Study With iPSC Generation

V. Mikhailova[1], N. Kondratyev[1], M. Alfimova[1], V. Kaleda[1], T. Lezheiko[1], M. Ublinsky[2], V. Ushakov[3,4,5], I. Lebedeva[1], A. Galiakberova[6,7], A. Artyuhov[6], E. Dashinimaev[6,8,9] and V. Golimbet[1]*

[1]Clinical Genetics Laboratory, Mental Health Research Center; [2]Department of Radiation Diagnostics, Clinical and Research Institute of Emergency Pediatric Surgery and Trauma; [3]Institute for