prior psychiatric history. Further research is warranted to elucidate the underlying mechanisms linking Semaglutide with mood disturbances and to identify risk factors that may predispose certain patients to develop manic states in response to this GLP-1RA. Clinicians should remain vigilant and consider alternative treatment options if such side effects occur, ensuring comprehensive management of patients receiving Semaglutide for diabetes control.

Disclosure of Interest: None Declared

Schizophrenia and other psychotic disorders

EPP0265

Exploring Cariprazine's Potential in Late-Stage Schizophrenia Treatment

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Introduction: Schizophrenia is a chronic neuropsychiatric disorder that often requires long-term pharmacotherapy to manage symptoms and prevent relapse. There are important clinical differences between early-stage versus late-stage schizophrenia, like the predominant symptomatology. In later stages, negative, cognitive, and anxiety/depressive symptoms dominate the clinical picture, with relapses further potentiating the emergence of positive symptoms. Therefore, it is crucial to establish the efficacy of an antipsychotic medication in the later stages of schizophrenia as well. Cariprazine is a novel dopamine D3-preferring D3/D2 receptor partial agonist that has shown efficacy in treating schizophrenia across the symptom spectrum.
Objectives: The aim of this poster is to present the findings of cariprazine's efficacy in treating late-stage schizophrenia, especially in symptoms that are more commonly occurring in this phase of the disorder.
Methods: This poster reports the results of a post-hoc pooled analysis of three 6-week, double-blind, placebo-controlled trials (NCT01104766, NCT01104779, NCT00694707) that assessed the efficacy of cariprazine in schizophrenia. The primary outcome was the change in Positive and Negative Syndrome Scale (PANSS) Total Scores from baseline to endpoint. The analysis focused on patients with late-stage schizophrenia (defined as having an illness-duration of more than 15 years) who received cariprazine at doses between 1.5 mg/day to 6.0 mg/day. The changes in PANSS-derived Marder Factor Scores for Negative, Disorganised Thought (i.e., Cognitive) and Anxiety/Depression symptoms were further examined. The least square mean differences (LSMDs) between cariprazine and placebo groups were calculated using mixed-models for repeated measures (MMRM).
Results: Altogether, 128 placebo-, and 286 cariprazine-treated patients were identified as having schizophrenia for more than 15 years. The mean age of patients was about 45 years, while the mean illness-duration was about 24 years. The mean baseline PANSS scores were the same between the two groups. In the late-stage schizophrenia population, at Week 6, cariprazine yielded statistically significantly greater reductions on the PANSS Total Score (LSMD -6.7, $p<0.01$). Cariprazine further showed superiority over placebo in reducing negative (LSMD -1.4, $p<0.05$), disorganised thought (LSMD -1.3, $p<0.01$), and anxiety/depression (LSMD -0.9, $p<0.05$) symptoms.
Conclusions: Cariprazine showed efficacy in treating patients with late-stage schizophrenia. It improved overall schizophrenia symptoms, as well as the negative, cognitive and anxiety/depression symptoms that are more prevalent in this phase of the disorder.

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EPP0266

Different modalities of measuring life engagement in people living with schizophrenia spectrum disorders: A preliminary analysis

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Introduction: The concept of "life engagement" encompasses several aspects of one's life, including personal well-being, contentment, purpose, and engagement in meaningful activities. In 2006, the group led by Scheier designed a 6-item scale to measure this concept in the general population: the Life Engagement Test (LET), however, this tool was never validated in clinical populations (Scheier *et al.* 2006 J Clin Psychiatry 2006; 29 291-298). In subjects living with schizophrenia life engagement can be measured through the Positive and Negative Syndrome Scale-Life Engagement (PANSS-LE), derived by isolating 11 items (i.e., N01, N02, N03, N04, N05, N06, G06, G07, G13, G15, G16) from the PANSS (Correll *et al.* 2022 J Clin Psychiatry 2022; 83-4) (Correll *et al.* 2022 J Clin Psychiatry 2022; 83-5).
Objectives: The aim of this study was to investigate the clinical and functional correlates of two different measures of life engagement in a cohort of individuals living with schizophrenia spectrum disorders (SSD).
Methods: Ninety-five subjects living with SSD recruited from the ASST Spedali Civili of Brescia (Italy) were included in the preliminary ad-interim analysis of the present study: for each patient information regarding the clinical presentation were measured with the Clinical Global Impression (CGI) scale, the Health of the Nation Outcome Scales (HoNOS), the Brief Negative Symptoms Scale (BNSS) and the PANSS; additionally, information related to the psychosocial functioning were collected through the Global Assessment of Functioning (GAF) scale; finally, life engagement was evaluated through the LET and the PANSS-LE. Spearman's

correlations were performed using SPSS v28 and p values < 0.05 were considered significant.
Results: Both the LET and the PANSS-LE were correlated with the CGI (p=0.002 and p<0.001 respectively), but only the PANSS-LE was found to be correlated with the GAF (p<0.001), the BNSS (p<0.001) and the HoNOS (p<0.001).
Conclusions: The concept of life engagement is of growing interest for healthcare professionals working in the mental health field, in line with the concept of reaching a full functional recovery and considering patient-reported outcomes. From our study it is evident that life engagement in individuals living with SSD is better characterized through the PANSS-LE rather than the LET, as the former is more specific to define the complexity of the SSD symptomatology.

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EPP0267

Theta-burst rTMS in schizophrenia to ameliorate negative and cognitive symptoms: a double-blind, sham-controlled, randomized clinical trial

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Introduction: Schizophrenia is a major mental disorder that affects approximately 1% of the population worldwide. Social cognition impairments and negative symptoms such as blunted affect or emotional withdrawal strongly contribute to the psychosocial functioning deficits and long-term disability in schizophrenia. The state-like and trait-like components of social cognition are impaired in schizophrenia
Objectives: Treatment effects of conventional approaches with antipsychotics or psychosocial interventions are limited when it comes to reducing negative and cognitive symptoms in schizophrenia. While there is emerging clinical evidence that new, augmented protocols based on theta-burst stimulation can increase rTMS efficacy dramatically in depression, data on similar augmented therapies are very limited in schizophrenia. The different patterns of network impairments in subjects may underlie that some but not all patients responded to given stimulation locations.
Methods: Therefore, we propose an augmented theta-burst stimulation protocol in schizophrenia by stimulating both locations connected to negative symptoms, namely the vermis of the cerebellum and the left Dorsolateral Prefrontal Cortex (DLPFC). Ninety subjects with schizophrenia presenting negative symptoms and aging between 18-50 years will be randomized to active and sham stimulation in a 1:1 ratio. The TBS parameters we adopted follow the standard TBS protocols, with 3-pulse 50-Hz bursts given every 200 ms (at 5 Hz) and an intensity of 100% active motor threshold. We plan to deliver 1800 stimuli to the vermis and 1800 stimuli to the left DLPFC daily in two 9.5-minute blocks for four weeks.
Results: The primary endpoint is the change in negative symptom severity measured by the Positive and Negative Syndrome Scale (PANSS). Secondary efficacy endpoints are the change in cognitive flexibility measured by the Wisconsin Card Sorting Test and the change in social cognition assessed by the 'Reading the Mind in the Eyes', facial emotion recognition, and the 'Faux pas' tests. The safety outcome is the number serious adverse events.
Conclusions: In conlucion the aim of our study is to proove the safety and efficacy of theta burst stimulation for treating negativ sympotoms of schizophrenia.

Disclosure of Interest: None Declared

EPP0268

Predictors of admission to an assertive outreach service for psychosis in Lebanon

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Introduction: Schizophrenia is a chronic, debilitating mental illness that contributes significantly to the global burden of disease. Assertive outreach treatment for patients with schizophrenia and psychotic disorders has been implemented to improve treatment adherence and outcomes.The suitability of this model of care outside the western context has not been fully established. The Psychosis Recovery Outreach Program (PROP),staffed by a multidisciplinary team that applies principles of early intervention and assertive outreach, was initiated in February 2016 at a leading psychiatric facility in Lebanon.
Objectives: The aim of this study is to identify and analyze clinical and demographic variables associated with patient enrollment in PROP, out of a typical clinical population attending a psychiatric outpatient department.
Methods: This retrospective study included patients above 18 y.o. at time of first point of care with a primary diagnosis of psychosis according to the International Classi-fication of Diseases 10 (ICD-10), and who presented to the outpatient psychiatry department at the American University of Beirut Medical Center (AUBMC) and were following up in PROP. We collected twelve-month data and used logistic regression models to identify predictor variables for enrollment in the service compared to those receiving standard treatment.
Results: In total, 45 patients participated in the study. Patients were mostly males (77.8%), younger than 39 years (80%), of college or higher education (68.2%), and diagnosed with schizophrenia (46.7%) or schizoaffective disorder (48.9%). About one-quarter (22.7%) had a comorbid cannabis use disorder. A majority received more than one oral antipsychotic (75.6%) while half (51.1%) were maintained on a long-acting injectable (LAI) antipsychotic.The following variables were significant predictors of enrollment in PROP: having a comorbid cannabis use disorder (OR 2.83 [1.25 – 6.37]), being prescribed a LAI antipsychotic (OR 9.99 [4.93-20.24])