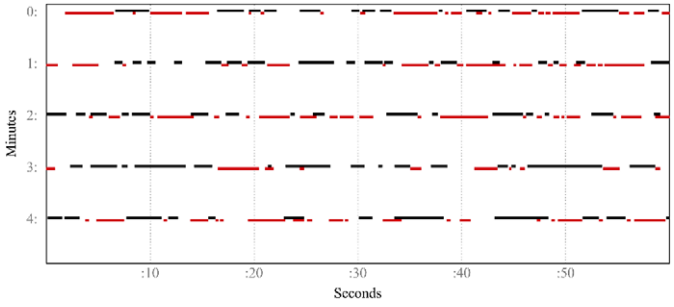
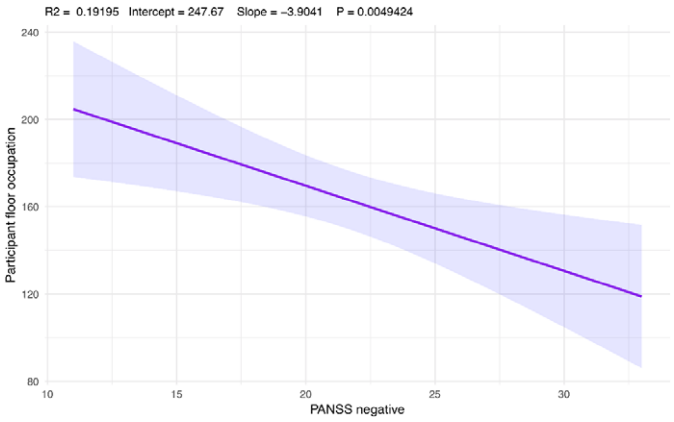
conversation skills, like the turn-taking. To our knowledge, very few studies to date have taken into account conversation analysis in order to investigate turn-taking in schizophrenia patients.
Objectives: To investigate the conversational patterns in schizophrenia patients; to assess possible associations between dialogic features, abnormal subjective experiences and symptom dimensions.
Methods: Thirty-six patients with Schizophrenia underwent an interview, subsequently analyzed with an innovative semi-automatic analysis. Positive and Negative Syndrome Scale (PANSS) was adopted for the investigation of psychopathology and Examination of Anomalous Self Experience (EASE) for Self-Disorders.
Results: Dialogic exchanges are graphically represented in Figure 1. An inverse correlation was found between participant speaking time and PANSS negative symptoms score (r = -0.44, p value < 0.05; Figure 2), whereas no associations were found between conversational variables and PANSS positive or disorganization dimensions. Finally, a positive correlation was found between the EASE item "spazialization of thought" and average pause duration (r = 0.42, p value < 0.05).





Conclusions: The finding of a relationship between negative symptoms and conversational patterns suggest that conversational features in schizophrenia are expression of the "core" negative dimension of the disorder. The association with the phenomenon of thought spatialization seems to suggest that the disturbances of the stream of consciousness impact on natural dialogic interactions. Ultimately, conversation analysis seems a promising tool to study dialogic exchanges of patients with schizophrenia.

Disclosure: No significant relationships.
Keywords: conversation; psychopathology; self disorders; schizophrénia

O267

Hebephrenic schizophrenia as a variant of frontotemporal dementia – the true dementia praecox?

A.B. Medeiros*, N. Descalço, C. Fernandes Santos, R. Gomes and M. Veiga Pereira

Psychiatry And Mental Health Department, Hospital Garcia de Orta, E.P.E., Almada, Portugal, Portugal

*Corresponding author.
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Introduction: Frontotemporal Demential (FTD) is a neurodegenerative disorder evolving the frontal or temporal brain lobes. They have been described six variants. Behaviour variant (BvFTD) is the most common, and is characterized by changes in social behaviour and conduct, with loss of social awareness and poor impulse control. Hebephrenic schizophrenia (HSz), or disorganized schizophrenia, was recognized as a schizophrenia subtype, characterized by desorganized behaviour and a cognitive deteriorization. Subtypes of schizophrenia are no longer recognized as separate conditions neither in the Diagnostic and Statistical Manual of Mental Disorders, nor in the new International Statistical Classification of Diseases.
Objectives: To review the literature about the concepts of hebephrenic schizophrenia and their similarities with the concept of frontotemporal dementia
Methods: Narrative review of the literature on PubMed/MEDLINE, using the keywords "hebephrenic szchizophrenia" AND "frontotemporal dementia". Only articles in English were included.
Results: Some authors described dificulty in establish a diferential diagnosis between HSz and BvFTD. HSz has an earlier onset. However, BvFTD is an early age dementia. The fenomenology of both diseases is similar, and schizophrenia was historical conceptualized as praecox dementia. Frontotemporal abnormalities are common neuroimagiological findings in schizophrenia. Clinically, FTD shows a profound alteration in personality and social conduct, emotional blunting and loss of insight. Memory, intellectual functions, executive and attentional abilities may be disturbed in both.
Conclusions: A diferential diagnosis between HSz and BvFTD is dificult to establish (clinically and imagiologically). The response to treatment is weak in both. It should be investigated the possibility they could be the same syndrome, onseting in diferent ages.

Disclosure: No significant relationships.
Keywords: frontotemporal dementia; schizophrénia; Dementia praecox; hebephrenia

O268

Lurasidone in adolescents with schizophrenia: Sustained remission and recovery during 2 years of open-label treatment

M. Tocco[1]*, A. Pikalov[1], L. Deng[1] and R. Goldman[1,2]

[1]Medical Affairs, Sunovion Pharmaceuticals Inc., Marlborough, United States of America and [2]Medical Affairs, Sunovion Pharmaceuticals Inc, Fort Lee, United States of America

*Corresponding author.
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Introduction: Compared with adult onset, early onset schizophrenia is typically characterized by greater illness severity and less favorable prognosis.
Objectives: To evaluate the proportion of adolescent patients with schizophrenia who achieved sustained remission and recovery during 2 years of treatment with lurasidone.
Methods: Patients aged 13-17 years with a DSM-IV-TR diagnosis of schizophrenia, and a Positive and Negative Symptom Scale (PANSS) total score ≥70 and <120, were randomized to 6 weeks of double-blind (DB), fixed-dose treatment with lurasidone (37 or 74 mg/d) or placebo. Patients who completed 6 weeks of DB treatment were eligible to enroll in a 2-year, open-label (OL), flexible dose extension study of lurasidone (18.5-74 mg/d). Criteria for sustained remission, were the 6-month consensus criteria summarized by Andreasen (Am J Psych 2005;162:441-9). Criteria for sustained recovery consisted of meeting sustained remission criteria with a Children's Global Assessment Scale (CGAS) score ≥70 for at least 6-months indicating no clinically significant functional impairment.
Results: A total of 271 patients completed the 6-week DB study and entered the extension study, and 186 (68.6%) and 156 (57.6%) completed 52 weeks and 104 weeks of treatment, respectively. During OL treatment with lurasidone, 52.8% met sustained remission criteria, with a Kaplan-Meier (KM) estimate of 64.1 weeks for median time to sustained remission; and 28.8% met sustained recovery criteria, KM estimate of 104.6 weeks for median time to sustained recovery.
Conclusions: For adolescents with schizophrenia, treatment with lurasidone was associated with high rates of sustained remission and sustained recovery over a two-year period.

Disclosure: Employee of Sunovion Pharmaceuticals Inc. The study summarized in this Abstract was supported by funding from Sunovion Pharmaceuticals Inc
Keywords: lurasidone; remission; schizophrénia; adolescence

O269

Efficacy and safety of lurasidone in adolescents and young adults with schizophrenia: Pooled analysis of double-blind, placebo-controlled 6-week studies

F. Calisti[1], I. Costamagna[1], J. Hsu[2], M. Tocco[2,3]*, A. Pikalov[4] and R. Goldman[3]

[1]Angelini Rr&d (regulatory, Research, & Development), Angelini Pharma S.p.A., Rome, Italy; [2]Medical Affairs, Sunovion Pharmaceuticals Inc., Marlborough, United States Minor Outlying Islands; [3]Medical Affairs, Sunovion Pharmaceuticals Inc., Marlborough, United States of America and [4]Medical Affairs, Sunovion Pharmaceuticals Inc, Fort Lee, United States of America

*Corresponding author.
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Introduction: Onset of schizophrenia commonly occurs during late adolescence or early adulthood and is often characterized by greater symptom severity and impairment.
Objectives: To evaluate the efficacy and safety of lurasidone in the treatment of acute schizophrenia in adolescents and young adults.
Methods: The 4 studies in this pooled analysis used similar study designs. Patients (ages 13-25 years) were randomized to 6 weeks of double-blind, placebo-controlled treatment with once-daily lurasidone (37 mg, 74 mg, 111 mg, 148 mg). The primary outcome was endpoint change in the Positive and Negative Syndrome Scale (PANSS) total score; secondary measures included the Clinical Global Impression, Severity scale (CGI-S).
Results: The safety population consisted of 537 patients; 79.1% completed the studies. Treatment with lurasidone was significant (P<0.001) at Week 6 endpoint for change in the PANSS total score, with higher effect sizes (ES) at higher doses (37 mg, 0.53; 74 mg, 0.57; 111 mg, 0.67; 148 mg, 1.35); significance was also observed for change in the CGI-S (37 mg, 0.51; 74 mg, 0.49; 111 mg, 0.57; 148 mg, 1.75). For lurasidone (combined doses), 3 adverse events occurred with a frequency ≥5% (nausea, 13.5%; somnolence, 12.1%; akathisia, 10.1%); 4.8% of patients discontinued due to an adverse event. At LOCF-endpoint, 3.6% of patients had weight gain ≥7%, and 1.5% had weight loss ≥7%. Minimal median changes were observed at endpoint in metabolic lab values.
Conclusions: In adolescents and young adults with schizophrenia, treatment with lurasidone in doses of 37-148 mg/d was a safe, well-tolerated, and effective treatment.

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Keywords: schizophrénia; adolescent; lurasidone

O270

The differential impact of severe childhood trauma on emotion recognition in males and females with first-episode psychosis

D. Penney[1]*, M. Pruessner[2], A. Malla[3], R. Joober[3] and M. Lepage[3]

[1]Psychology / Psychiatry, Université du Québec à Montréal and the Douglas Mental Health University Institute, Montreal, Canada; [2]Clinical Psychology, University of Konstanz, Konstanz, Germany and [3]Psychiatry, Douglas Mental Health University Institute, Psychiatry, Canada

*Corresponding author.
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Introduction: Childhood trauma increases social functioning deficits, which in turn negatively impact social inclusion in those experiencing first-episode psychosis (FEP). Associations between aberrant higher-order social cognitive processes such as emotion recognition (ER) and trauma severity may be one pathway by which trauma negatively impacts social functioning.
Objectives: Given sex differences identified in the experience of childhood trauma, it is pertinent to evaluate how trauma severity may differentially impact ER in males and females.
Methods: Eighty-three FEP participants (52 males, 31 females) and 69 nonclinical controls (49 males, 20 females) completed the CogState Research Battery. FEP participants completed the Childhood Trauma Questionnaire. A sex × group (FEP, controls) ANOVA examined ER differences and was followed by two-way ANCOVAs investigating the effects of sex and childhood trauma severity (none, low, moderate, severe) on ER and global cognition in FEP.
Results: FEP participants had significantly lower ER scores than controls ($p = .035$). In FEP, a significant interaction emerged between sex and childhood trauma severity ($F(3, 72) = 6.382$, $p = .001$), selective to ER, while controlling for age at onset. Simple effects analyses revealed that females in the severe trauma category exhibited superior ER capacity relative to males.

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