

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 CHR-P-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

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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

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

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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. Attributions must be overcome in future studies. The effects associated with chronic use of the hormone should be the subject of future studies.