aforementioned paramedical counselling. Anxio-depressive symptom severity was measured with the Beck Depression Inventory and the Spielberger's State Anxiety Inventory; perceived stress was registered with the Perceived Stress Scale and Brief Stress and Coping Inventory, while self-esteem was evaluated by the Rosenberg Self-Esteem Scale.

Results: Participation in an infertility programme itself affected positively patients' self-esteem and decreased their levels of depressive symptom severity (t(50) = 2.738, p = 0.009, 95%CI = 0.167 – 1.088), but an additional 5-session paramedical counselling resulted in a significant lowering of state anxiety symptoms (t (106) = -2.093, p = 0.039, 95%CI = -6.372 – 0.173) contrasted with infertile men not receiving this additional counselling.

Conclusions: Conclusion: Screening for psychological factors is advisable in the course of an infertility treatment, and the implementation of an accompanying paramedical counselling focusing on the alleviation of concomitant psychopathological symptoms would be advisable among male infertile patients.

Disclosure: No significant relationships.
Keywords: male infertility; anxio-depressive symptoms; paramedical counselling

EPP0483

The Potential Relationship Between The Environmental Risk Factors And Social Cognition in Psychosis

S. Cicek[1]* and F. Karadag[2]
[1]Cankiri State Hospital, Psychiatry, Cankiri, Turkey and [2]Gazi University Faculty of Medicine, Psychiatry, Ankara, Turkey
*Corresponding author.
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Introduction: In schizophrenia research, little is known about the relationship of environmental exposures with social cognition deficits.
Objectives: We aimed to investigate the relationship between social cognitive performance and well-defined environmental risk factors (childhood adversities, birth season, paternal age, obstetric complications, urban living i.e.) in schizophrenia.
Methods: 54 schizophrenia patients and 37 healthy controls (HCs) were included in our study. Participants in both groups were of similar age, gender, and educational level. Two theory of mind (ToM) tests (DEZİKÖ and RMET), and the Childhood Trauma Questionnaire (CTQ) were applied. ToM test scores among groups (patients with/ without risk factors, and HC) were compared using analysis of variance.
Results: Overall, the schizophrenia group scored higher on the CTQ and performed worse on ToM tests than the HCs. Patients were more likely to report obstetric complications, advanced paternal age, winter and rural birth. Both the patients having high and low CTQ scores performed poorer on the RMET and false belief test than HCs. However, there was no significant difference in DEZİK-Ö-total scores of patients with low CTQ scores and HCs. Patients with advanced paternal age at birth achieved lower faux pas sub-scores. Urban birth and RMET scores were positively correlated in patients.
Conclusions: Our findings suggest the environmental factors such as childhood traumas, advanced paternal age, and rural birth seem to negatively affect the social cognitive performance of schizophrenia patients.

Disclosure: No significant relationships.
Keywords: social cognition; Psychosis; environmental risk factors

EPP0484

Alternative initiation regimen of paliperidone palmitate long-acting injectable

I.E. Menendez Gil[1]*, S.L. Romero Guillena[2] and B.O. Plasencia Garcia De Diego[1]
[1]Virgen del Rocio Hospital, Psychiatry, Seville, Spain and [2]UGC Salud Mental Virgen Macarena,, Psychiatry, seville, Spain
*Corresponding author.
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Introduction: Long-acting injectable antipsychotics (LAIs) hold an important place in the treatment of psychosis. Knowledge of the best way to administer LAIs is important to maximize the efficacy and minimize the side-effects
Objectives: To assess the effectiveness of flexible doses of palmitate paliperidone long-acting injectable (PPLAI) against standard doses in initiation regimen in the subset of acutely hospitalized patients with schizophrenia and other psychosis
Methods: Retrospective, noninterventional study. Group of initiation regimen: A)"Standard-doses" (recommended PPLAI initiation regimen: 150mg-Day-1 and 100mg-Day-8±4days), B)"Low-doses" (any dosage lower than the Standard-dose) C)"High-doses" (150mg-Day-1 and 150mg-Day-8±4days) Effectiveness was measured with the number of psychiatric hospital admission and psychiatric emergency visit 6-months post-discharge. Length of stay of the index hospitalization, adherence to treatment and adverse events was confirmed in the medical record. Concomitant use of biperiden was recorded.
Results: 51 patients were included. We found no statistically differences in study variables between groups (Table-1). Table-1.

	Standard doses(n=31)	Low-doses (n=13)	High-doses (n=7)
Length of stay mean±sd	17.23±13.09	13.77±9.02	17±10.55
No psychiatric hospitalizations 6-month post-discharge, %patients(n)	71%(n=22)	84.6%(n=11)	85.7%(n=6)
No psychiatric emergency visits 6-month post-discharge, %patients(n)	61.3%(n=19)	69.2%(n=9)	85.7%(n=6)
Prescription of biperiden 6-month post-discharge, %patients(n)	13.3%(n=4)	0%(n=0)	14.3%(n=1)
Adherence to treatment 6-month post-discharge, %patients(n)	80.6%(n=25)	84.61%(n=11)	57.1%(n=4)

Conclusions: No differences were found in the effectiveness of flexible-doses in PPLAI initiation regimen. The use of low doses of PPLAI could keep the efficacy of the standard dose with a better