

Results:

	12:00	24:00	P
ADMISSION	132,95±199,27	85,85±121,44	0,004
DISCHARGE	73,65±71,744	75,80±123,628	0,070
CONTROL	43,49±34,60	40,14±23,08	0,47

P global	P Admission Vs. Discharge	P Admission Vs. Control	P Discharge Vs. Control
0,97			

There is a significance difference between 12:00 and 24:00 at admission for the Protein S100B. However, these difference did not occur at discharge and at three months after discharge. It can be interpreted as there is a circadian rhythm of Protein S100B when the patient has got a psychotic outbreak and disappears at discharge and when is psychopathologically stable.

Conclusions: With respect to our results we can hypothesize that schizophrenic patients in acute relapse present circadian S100B rhythm that is not present when the patients are clinically stable. Furthermore, the decrease of serum protein S100B levels at discharge is indicative of a reduction of the cerebral inflammation, thus it can be a biomarker of cerebral inflammation and this reduction can be the effect of the treatment. Finally, its circadianity could be a guide of this process and clinical improvement.

Disclosure of Interest: None Declared

EPP0663

Analysis of the predictive potential of good clinical response of plasma levels of clozapine in patients with resistant schizophrenia in an area of southern Spain

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Introduction: Resistant schizophrenia is a schizophrenia subtype characterized by a non-ability to respond to an appropriate antipsychotic treatment in dosage and duration by the patients. These patients show a lower prognostic and symptomatology. The unique drug which has shown efficacy for resistant schizophrenia treatment is clozapine, which is effective in suicide and aggressive behaviour prevention too. Whereas clozapine has numerous and serious adverse effects such as agranulocytosis risk. Because of this, and for guaranteeing an accurate diagnosis of resistant schizophrenia, distinguishing this from pseudo-resistance due to a poor tracing of schizophrenia, clozapine's plasmatic levels monitoring is recommended in Spain by many clinical practise-guidelines.

Objectives: This studio has the objective of determining if altered clozapine's plasmatic levels have predictive potential of therapeutic response and answering what clinical and sociodemographic variables are associated to these anormal plasmatic levels.

Methods: In this work, a cross-sectional observational study was carried out in which clinical and sociodemographic data obtained by the Mental Health Unit of the Jerez de la Frontera University Hospital were collected within the research project entitled: "Role of social cognition as a factor psychosocial functioning of the schizophrenic patient" (ECOFUN), of all the participating patients (in total the sample was 141 patients, of which 40 are in treatment with clozapine).

Results: The sample of patients has a mean age of 44 years and medium-high educational levels. The vast majority are men and do not currently consume substances of abuse, and when this consumption occurs, tobacco and alcohol are the most consumed substances. Their total scores on the PANSS and Markova Barrios scales are generally very disparate, but with average values of 55 and 16. It has been obtained as results that there is no significant statistical correlation between the plasma levels of clozapine and the values of the PANSS scale and its subscales in the patients. On the other hand, patients treated with clozapine would present clinical and sociodemographic characteristics practically identical to those of patients treated with other antipsychotics, especially their values on the PANSS scale. In addition, plasma levels of clozapine are correlated, although not significantly, with an improvement in the positive symptomatology of schizophrenia.

Conclusions: As a conclusion, unusually higher values of clozapine are correlated significantly with lower values in positive symptomatology in schizophrenia, but plasmatic levels are not correlated significantly with values of PANSS scale.

Disclosure of Interest: None Declared

EPP0664

Disorganization in first episode schizophrenia: psychopathological findings and treatment response from a 2-year Italian follow-up research in a real-world setting

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Introduction: Disorganization is a core dimension of schizophrenia, yet it is relatively under-investigated compared to positive and negative ones, especially at the illness onset. Indeed, most of the empirical studies investigating the disorganized domain included patients with prolonged schizophrenia.

Objectives: Thus, the aims of this research were (1) to monitor the longitudinal stability of disorganized symptoms in young patients with First Episode Schizophrenia (FES) along a 2-year follow-up period, and (2) to examine any significant association of disorganization with functioning, psychopathology and the specific treatment components of an "Early Intervention in Psychosis" (EIP) program across the 2 years of follow-up.

Methods: At baseline, 159 FES individuals (aged 12–35 years) completed the Positive And Negative Syndrome Scale (PANSS)

and the Global Assessment of Functioning (GAF). Spearman's correlation coefficients and multiple linear regression analysis were carried out. Specifically, the PANSS "Disorganization" dimension included 8 PANSS items: "Conceptual Disorganization", "Difficulty in Abstract Thinking", "Stereotyped Thinking", "Mannerisms and Posturing", "Disorientation", "Poor Attention", "Disturbance of Volition" and "Preoccupation".

Results: At baseline, the PANSS "Disorganization" dimension score had significant positive correlations with all other PANSS factor subscores, as well as significant negative correlation with the GAF score. The statistically strongest association was with the PANSS "Negative" domain score. Along the 2-year follow-up period, a significant decrease in the PANSS "Disorganization" dimension subscore was observed. This reduction was related to score decreases in all the other PANSS domains (especially the "Negative" one) and an increase in GAF scores. Furthermore, decreases in PANSS "Disorganization" dimension scores showed a significant positive correlation with the total number of individual psychotherapy sessions provided to FES patients during the first year of the Pr-EP protocol (also confirmed by our multiple linear regression analysis results).

Conclusions: Disorganization is clinically relevant in FES patients, already at the recruitment within specialized EIP programs. In particular, disorganized dimension in FES had significant enduring associations with functioning deterioration and negative symptoms. However, improvement in disorganization levels seems to be due to the intensity of individual psychotherapy sessions offered to FES individuals in the first year of intervention within specific EIP programs.

Disclosure of Interest: None Declared

EPP0665

Impact of adapted physical activity on hippocampal N-Acetyl Aspartate in patients with schizophrenia

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Introduction: Adapted physical activity (APA) has beneficial neurobiological impact but the underlying pathophysiological mechanisms remain poorly described. APA is currently recognized as an adjuvant therapy to antipsychotic treatments in patients with schizophrenia (SCZs) to reduce the severity of negative symptoms and cognitive impairment. SCZs exhibit hippocampal N-acetylaspartate (NAA) reduction, a marker of neuronal viability and integrity whose concentrations can be assessed by proton magnetic resonance spectroscopy (¹H-MRS).

Objectives: The purpose of this study was to evaluate the impact of remote physical activity (e-APA) via the web on the NAA relative

variations in the left hippocampus in SCZs compared to a patient control group benefiting from an health education program (HE). This study concerns one of the secondary objectives of the PEPsy V@SI study co-financed by the Pierre Deniker Foundation, the European Union and the Normandy Region within the framework of the FEDER/FSE 2014-2020 operational program.

Methods: Thirty-five SCZs were randomized in the e-APA active group or in the control group (HE). Participants received the interventions during 16 weeks, with two visioconference sessions per week. A ¹H-MRS sequence positioned on the left hippocampus (MRI-3T) was acquired before and after both interventions. Absolute NAA concentrations in the left hippocampus were obtained using Osprey software after partial volume correction. After checking the quality criteria, the spectra of 6 SCZs in the e-APA group and 8 SCZs in the HE group were analyzed. To test the difference between interventions on the NAA relative variations, a Wilcoxon-Mann-Whitney test and effect size were performed. Paired Wilcoxon tests were used in each group before and after the interventions.

Results: No significant difference was found in NAA relative variations in the left hippocampus between the e-APA group and the HE group ($p = 0.18$), although the effect size was 0.38 (considered as moderate). However, a trend towards an increase of NAA was observed in the e-APA group (before intervention: 12.08 International Units (I.U); after: 13.81 I.U) ($p = 0.06$) but not in the HE group (before intervention: 13.75 I.U; after: 13.85 I.U) ($p = 0.84$).

Conclusions: Our results showed a NAA significant increase in SCZs after an e-APA program, indicating a beneficial impact of e-APA on neuronal viability that might reflect an hippocampal plasticity. However, this increase did not differ significantly between active and control groups probably due to a weak statistical power.

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EPP0666

Capgras and Fregoli syndromes revisited through six different psychiatric clinical cases

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Introduction: Capgras and Fregoli syndromes are delusional misidentification syndromes, characterized by a belief in duplicates and replacements. Capgras delusion was first described by Capgras in 1923, reporting a belief that a person (usually a close relative) has been replaced by an exact double (imposter). On the other hand, Fregoli Syndrome was first described by Courbon and Fail in 1927, and holds a delusion that a familiar person is disguised as a strange