

**Objectives:** To describe and compare inpatient admissions for FEP with substance misuse and its impact on clinical outcomes.

**Methods:** We conducted an observational and retrospective study, analyzing sociodemographic determinants and clinical data regarding the patients hospitalized for FEP, between January 2019 and June 2022, in the psychiatric unit at our hospital in Bragança, Portugal. We used logistic regression to estimate the effect of social determinants and other clinical data regarding the patients hospitalized for FEP with substance abuse.

**Results:** We included 78 patients in this study. Of these patients, 30% (n=23) reported substance (drugs or alcohol) misuse prior to hospital admission. Regarding only the patients with substance misuse, 96% were male and the median age was 31 years. Cannabis was the most often reported substance of abuse (83%). Most of these patients were unmarried (OR:10.794; 95%CI:2.855-40.805; P=0.001), lived in a rural setting (OR:0.263; 95%CI:0.094-0.731; P=0.009) and had no previous psychiatric history (OR:1.022; 95%CI:0.386-2.709;P=0.964).Regarding hospital admission, 70% were involuntary admitted (OR:4;95%CI:1.408-11.366;P=0.007) and the median time of hospitalization was 17 days. At the time of discharge, 48% of these set of patients still didn't have insight into their mental illness (OR:1.737;95%CI:0.646-4.679;P=0.272). During the evaluation period of this study, 13% of the patients were readmitted to the hospital (OR:1.029;95%CI:0.241-4.383;P=0.970) and 35% missed outpatient appointments (OR:3.133;95%CI:1.003-9.791; P=0.044). The diagnoses at the time of discharge were: substance-induced psychosis (52%), schizophrenia (22%), affective psychosis (17%), and acute and transient psychotic disorder (9%).

**Conclusions:** This analysis indicates substance misuse predates and is prevalent in FEP. Many of these patients fail to recognize and accept that they are suffering from a mental illness and drop out of outpatient psychiatric care. Further, substance-induced psychoses are associated with a significant risk for transition to schizophrenia particularly following cannabis-induced psychosis. Thus, it is crucial to optimize adherence to the therapeutic regimen and outpatient follow-up.

**Disclosure of Interest:** None Declared

## EPV1007

### Comparative Efficacy of First and Second Generation long-acting injectable antipsychotic upon schizophrenic patients: a systematic review and network metaanalysis.

R. Medrano<sup>1\*</sup>, E. Saucedo<sup>2</sup>, C. Mancias<sup>2</sup> and C. Saucedo<sup>2</sup>

<sup>1</sup>Psychiatry, Departamento de Psiquiatria, Hospital Universitario "Dr. Jose Eleuterio Gonzalez" and <sup>2</sup>Psychiatry, Centro de Neurociencias avanzadas, UANL, Monterrey, Mexico

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2301

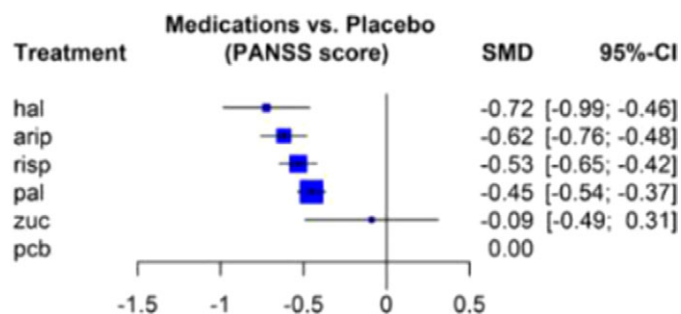
**Introduction:** Long-acting injectable antipsychotics (LAIAs) are currently the most effective alternative for patients with schizophrenia who exhibit poor adherence. LAIAs can lead the course of treatment with the potential to increase adherence in schizophrenia treatment.

**Objectives:** Present the results of a network metaanalysis on the comparative efficacy of LAIs in schizophrenia.

**Methods:** Included trials of adults with schizophrenia compared the efficacy of LAI vs LAI or placebo through the Positive and Negative Syndrome Scale (PANSS). Efficacy was evaluated through the standardized mean differences (SMD) from baseline to endpoint in the PANSS total scores.

**Results:** Results from 15 studies reported usable results for PANSS score (five antipsychotics compared) are shown in Figure 1. In hierarchical order, haloperidol, aripiprazole, risperidone, and paliperidone reduced the PANSS score significantly more than other drugs.

**Image:**



**Conclusions:** Most LAIAs are equally efficient at reducing overall symptoms, and differences between individual LAIAs are non-significant.

**Disclosure of Interest:** None Declared

## EPV1008

### FAMILY-CENTERED COLLABORATIVE CARE FOR PATIENTS WITH CHRONIC MENTAL ILLNESS: A NARRATIVE LITERATURE REVIEW

R. Dehbozorgi<sup>1,2\*</sup>, M. Fereidooni-Moghadam<sup>1</sup>, M. Shahriari<sup>1</sup> and E. Moghimi-Sarani<sup>2</sup>

<sup>1</sup>Nursing and Midwifery School, Isfahan University of Medical Sciences, Isfahan, Iran, Isfahan and <sup>2</sup>Department of Psychiatry Research Center For Psychiatry And Behavioral Science, Shiraz University of Medical Sciences, Shiraz, Iran, Shiraz, Iran, Islamic Republic Of

\*Corresponding author.

doi: 10.1192/j.eurpsy.2023.2302

**Introduction:** Chronic mental illnesses are long-lasting and recurring, require continuous care as well as an integrated and collaborative approach to organize the care. This study sought to examine whether family center collaborative care is an acceptable treatment option for individuals with chronic mental illness.

**Objectives:** Is the family-centered collaborative care suitable for patients with chronic mental illness?

**Methods:** From the years 2000 to 2021, ten electronic databases relating to family-centered collaborative care for mental illness were searched adopting PRISMA's checklist

**Results:** After systematic search, 27 articles and a thesis were found. According to moderate to high quality qualitative research, family-