

Psychiatry 2018; 17: 49-66). Logistic regression adjusted for ancestry-related principal components, demographic, and technical variables was applied to compare the SZ-PRS deciles on each factor and PERS.

Results: None of the factors alone or PERS predicted SZ-PRS decile membership.

Conclusions: The results did not support the hypothesis. Future research needs reliable data on the frequency of the studied factors in the general population where the patients come from. The study was supported by the Russian Science Foundation, grant no. 21-15-00124.

Disclosure of Interest: None Declared

EPP0469

Clinical, psychological and brain imaging investigation of first episode psychosis patients treated at Semmelweis University, Department of Psychiatry and Psychotherapy, Budapest, Hungary

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Introduction: First episode psychosis (FEP) is the first manifestation of psychotic disorders lasting at least one week, but not longer than 2 years, causing personal suffering and decreased functional outcome of patients. The early intervention in FEP is crucial. Published results on early intervention programmes indicate that during the first 5-10 years relapse prevention and functional outcomes can be improved and mental health care costs can be reduced, compared to treatment as usual.

Objectives: Our objective was to examine FEP patients at the Department of Psychiatry and Psychotherapy. Our aim was to create a homogeneous sample and identify factors that can help in early differential diagnosis and therapy. Our goal was to compare the neuropsychological performance and MRI results of patients and healthy controls.

Methods: Male and female inpatients hospitalized at our department due to a first psychotic episode and consenting to participate were included, since 2019 October. Cases with drug induced psychosis and organic background in the etiology of the psychotic episode were excluded. Male and female healthy controls were matched by age and education. Including healthy controls is still in progress. The duration of the project is 36 months, 24 months for recruiting patients and healthy controls, 12 month for analyzing data. The investigation includes detailed clinical, neuropsychological examination (baseline, 6th, 12th, 18th, 24th month) and MRI (baseline and in the 24th month).

Results: Forty patients and sixteen healthy controls were included. 60% of the patients were rehospitalized due to relapses. Neuropsychological tests (RBANS, faux pas, Baron-Cohen eyes test) indicate cognitive dysfunction compared to healthy subjects. Using resting state fMRI second level analysis we found alterations in thalamo-cortical connectivity. We found significant differences in the connectivity of the thalamus and frontal lobe, postcentral gyrus, insula and cerebellum.

Conclusions: Our FEP research, although limited by the COVID-19 pandemic, shows promising results that can help in better understanding of the underlying factors of psychotic disorders.

Disclosure of Interest: None Declared

Addictive Disorders

EPP0472

New drugs in the treatment of dual psychosis: use of cariprazine in schizophrenia, other psychotic disorders and use of cocaine. A case series in a specific outpatient psychiatric clinic for substance use disorders.

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Introduction: New drugs in the treatment of dual psychosis: use of cariprazine in schizophrenia, other psychotic disorders and use of cocaine. A case series in a specific outpatient psychiatric clinic for substance use disorders.

Objectives: The main objective of this case series is to observe and describe the tolerability and clinical response to different doses of cariprazine in a series of patients with dual psychosis, specifically cocaine users; with a special attention upon psychotic symptoms, disruptive behaviour, affective symptoms and cocaine use pattern.

Methods: This series consists of an observation of a total of 20 patients treated on an outpatient basis. All of them had a either a diagnosis of Schizophrenia or Other Non Specified Psychotic Disorder meeting the DSM-5 criteria, as well as a Cocaine Use Related Disorder meeting the DSM-5 criteria. All of them received treatment with cariprazine in different doses from 1,5mg to 6mg per day, as a solo treatment or as an adjuvant to another previous antipsychotic treatment when antipsychotic augmentation was justified. We observed patients that had started cariprazine in the past three months and that had active drug use or had had one in the past three months.

We monitored the tolerance to the treatment, the clinical response in terms of positive and negative symptoms of schizophrenia, affective symptoms, disruptive behavior, and the response in terms of substance use; for a period of six months of follow-up, with psychiatric consultation at least every month and nurse consultation every two weeks in our clinic.

Results: 95% of the patients did not present any side effect related to cariprazine. In one patient (5%) the treatment had to be stopped due to akathisia that did not disappear after two weeks and symptomatic treatment with benzodiazepines. 60% of patients either stopped using (50%) or reduced their use frequency (50%). 70% of the patients presented an improvement in positive symptoms and behavior. Also, one third of them presented a slight improvement in negative symptoms. 20% of patients referred a significant improve in depressive symptoms.