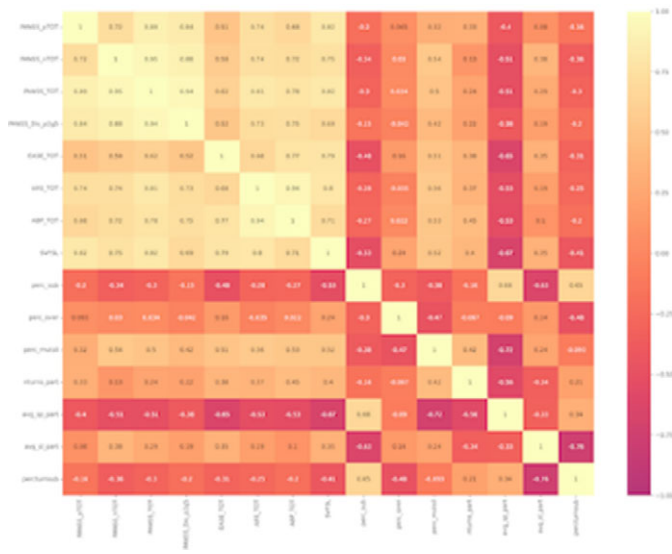


Image 3:



**Conclusions:** Our results, although preliminary, suggest the existence of peculiar turn-taking patterns in schizophrenia, linked to negative symptoms and disturbances of the subjective experience, particularly in the Self domain. Our results suggest also how the use of experimental linguistic methodology is applicable to clinical settings and underscores the importance of research projects in this field that are strongly interdisciplinary in both design and conduct.

**Disclosure of Interest:** None Declared

## EPP0765

### Effect of aripiprazole once-monthly 400mg (AOM400) on hospitalisation prevention and use of healthcare resources in schizophrenia patients, a study based on real clinical practice on schizophrenia: AMBITION Study

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**Introduction:** Schizophrenia is a large and increasing burden for patients from early stages of the disease. Long-acting injectable antipsychotics (LAIs), like aripiprazole once-monthly 400 mg (AOM400), have demonstrated an improvement in treatment adherence compared to oral formulations, with a consequent reduction in time to remission and risk of relapse.

**Objectives:** This study aims to compare the hospitalisation rate in individuals with schizophrenia who started their treatment with AOM400 or atypical oral antipsychotics (OA) in a real-world setting in Spain.

**Methods:** This is an observational and retrospective study based on the electronic medical records of the BIG-PAC database. Adults diagnosed with schizophrenia who initiated treatment with AOM400 or atypical OA (olanzapine, risperidone, paliperidone, aripiprazole or asenapine) from 01/01/2017 to 31/12/2019 were included. A 1:1 propensity score matching (PSM) was conducted to match individuals from both cohorts. Healthcare resource use and treatment persistence (with AOM400 or OA) were also analysed after 12 months.

**Results:** After the PSM, 1,017 individuals with similar baseline characteristics were included in each cohort (total population: 2,024 individuals). At index date (treatment initiation) patients were 41.4 years (standard deviation, SD: 10.6), 54.6% were male and had received 1.6 (SD: 0.9) previous antipsychotic treatments. During the follow-up period, the AOM400 cohort had a 40% lower risk of hospitalisation than the OA cohort (hazard ratio, HR: 0.60 [95% confidence interval, CI: 0.49 – 0.74]). The median time to the first hospitalisation was longer in individuals with AOM400 compared to those with OA (197 compared to 174 days;  $p < 0.004$ ), whereas median length of hospital stay were shorter (6 and 11 days for AOM400 and OA, respectively;  $p < 0.001$ ). The AOM400 cohort also required fewer visits to primary care, specialized care and emergency rooms than the OA cohort ( $p \leq 0.005$ ). After 12 months, the AOM cohort was more persistent than the OA cohort (64.9% compared to 53.7%;  $p < 0.001$ ).

**Conclusions:** AOM400 reduces the number and duration of hospitalisations and improves treatment persistence compared to atypical OA. Our results suggest that the use of AOM400 may reduce the burden of schizophrenia in Spain.

**Disclosure of Interest:** None Declared

## EPP0766

### The effect of overweight on cognition in first episode of psychosis. Interaction with sex

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**Introduction:** Previous studies have shown an association between high Body Mass Index (BMI) and worse cognitive performance in obese patients and the general population. Cognitive deficits and overweight are important challenges in the clinical treatment of psychosis but scarcity of studies have investigated this relationship. Moreover the effect of sex in the psychosis research has been neglected since recent years and there is still a lack of studies taking into account the sex differences

**Objectives:** To determine the effect of overweight and its interaction with sex on cognitive performance in First Psychotic Episodes (FEP)

**Methods:** We included 159 FEP out-patients (mean age 23.1 years 33.3% females ) in their first year of antipsychotic treatment

attending to the Early Intervention Program of the Institut Pere Mata, in Reus. At study entry participants underwent to a comprehensive clinical, biometric and cognitive assessment by standardized neurocognitive battery (MATRICS Consensus Cognitive Battery; MCCB). T scores were converted to standard equivalents (z-scores) based on data from a healthy control group from the same geographical area.

Overweight was defined as  $BMI \geq 25$  according to WHO standards. Two-way ANCOVAs were performed to determine the interaction effect between overweight and sex on the cognitive tests. Ethical approval was obtained by the Committee for Ethical Clinical and Pharmacological Investigation of the Pere Virgili Research Institute. **Results:** At study entry 85% of participants were on antipsychotics for less than 6 months with a median dose of 300 (200-450) chlorpromazine equivalents (CPMZ) in mg/day. 37.7 % of participants were overweight without differences between men (41.5%) and women (30.2%) ( $X^2 = 1.47$ ;  $p = 0.22$ ). There were no clinical and treatment differences between overweight and normal weight participants. With regards sex differences, females presented statistically significant higher scores in Calgary depression scale and lower doses of antipsychotics. No differences were found in cognitive performance regarding weight status but we found a significant interaction between sex and overweight in verbal learning memory ( $F=6.09$ ;  $p=0.01$ ). When controlled for depressive symptoms and CPZM equivalents differences continued to be significant. Overweight females performed worse  $-1.09$  (SD 1.18) than normal weight females  $-0.23$  (SD 1.10); ( $t= 2.57$ ;  $p=0.02$ ) in verbal learning memory whereas that difference was not found among overweight and normal weight males ( $t= -1.10$ ;  $p=0.27$ ).

**Conclusions:** Our results provide evidence for sex-differences on cognitive function depending on weight status. Advances in the study of sex differences in FEP would help to target specific treatment strategies

**Disclosure of Interest:** None Declared

## EPP0767

### An influence of family history and season of birth on clinical characteristics of schizophrenia

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**Introduction:** A large body of evidence shows that both genetic and environmental factors play an important role in the etiology of schizophrenia. There is also growing evidence of an interaction between these factors.

**Objectives:** To investigate the influence of family history of schizophrenia, which reflects the contribution of genetic factors, and birth in the winter months, considered as an important environmental risk factor for this disease, on the clinical characteristics of schizophrenia.

**Methods:** The results of a clinical examination of 1590 inpatients with schizophrenia (F20.0 ICD-10) were analyzed. The analysis included clinical characteristics of the disease (age of onset of the disease, severity of symptoms, which were assessed by PANSS),

information about the family history of schizophrenia, and the season of birth (SOB) of the patient. Data analysis was carried out using multivariate analysis of variance, in which clinical characteristics were used as a dependent variable, and the presence/absence of schizophrenia in first-degree relatives of the patient, patient's birth in the winter months/birth in other months of the year, sex were independent factors.

**Results:** The study group included 1153 women and 437 men. Family history was present in 569 patients (427 women) and absent in 1021 (726 women). In 415 (26.1%) cases, patients born in the winter months. In the group without family history, the percentage of births in the winter months did not differ from that in the group with family history. There was an effect of sex on the age of onset of the disease as well as on the severity of positive symptoms, which were higher in women ( $p=0.0000$ ). Family history of schizophrenia had a significant, sex-independent effect on the age of onset. The disease manifested at an earlier age in patients with family history. Being born in the winter months was not associated with either age of onset or positive symptoms. There were significant main effects of family history ( $p=0.018$ ) and birth in the winter months ( $p=0.044$ ) on negative and general psychopathological symptoms, which were not mediated by sex. The additive effect of these factors was found at the trend level ( $p=0.08$ ), while the greatest severity of negative symptoms was observed in the group with a family history and birth in the winter months ( $p=0.02$ ). A significant additive effect ( $p=0.012$ ) of family history and birth in the winter months on general psychopathological symptoms was found. As in the case of negative symptoms, the greatest severity was noted in the presence of both factors.

**Conclusions:** Family history and birth in the winter months are not only risk factors for the development of schizophrenia, but also affect the severity of the disease. The results indicate the feasibility of further molecular genetic studies on this sample, both using candidate gene analysis and genome-wide analysis with polygenic risk assessment.

**Disclosure of Interest:** None Declared

## EPP0768

### The assessment of self-stigmatization of patients with schizophrenia and complex approach to reduce it

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**Introduction:** The negative consequences of the stigmatization of mental illness significantly impair health care system, society, patients and their families. It has been established, that more than 40% of patients with schizophrenia suffer from self-stigmatization (E. Brohan et al., 2010), what determines the relevance of research aimed at its reduction.

**Objectives:** To assess the level, components of self-stigmatization and associated with it factors in patients with schizophrenia, receiving psychosocial treatment in the community; to propose and implement a complex of interventions for destigmatization.