Image 2:

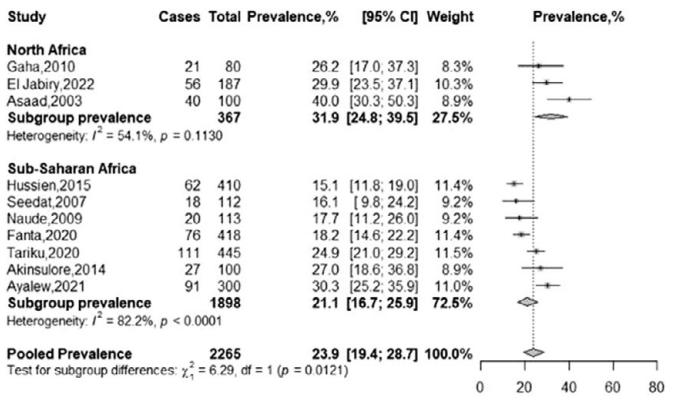

Figure 2. Forest plot of depression prevalence in schizophrenia patients according to African regions

Conclusions: Approximately one in every four schizophrenia patients living in Africa was positively screened for depression. This review draws health professionals' attention caring people with schizophrenia, and calls for further studies with a harmonization of screening tool, a better representativity of some subregions, and the assessment of key potential factors such as perceived stigma and self-stigma.

Disclosure of Interest: None Declared

EPP0277

The association between exposome score for schizophrenia and metabolic parameters in individuals with schizophrenia and healthy controls: Findings from the EUGEI study

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doi: 10.1192/j.eurpsy.2023.601

Introduction: Exposome is all nongenetic exposures from the prenatal period to death. Exposome score for schizophrenia (ES-SCZ) is a cumulative measure of environmental liability for schizophrenia. Our previous studies showed that the ES-SCZ is associated with mental and physical health outcome.
Objectives: The aim of the study is to investigate the association of the ES-SCZ with metabolic parameters in individuals with schizophrenia and healthy controls.
Methods: This study obtained 124 individuals with schizophrenia and 440 healthy controls from the European Network of National Schizophrenia Networks Studying Gene-Environment Interactions, Work Package 6 (Vulnerability and Severity) Turkey dataset. The ES-SCZ was calculated by summing log-odds weighted environmental exposures (childhood adversities, winter birth, hearing impairment and cannabis use). Linear regression analysis was used to investigate the association between ES-SCZ and metabolic parameters. After that analysis age and sex were added as covariates.
Results: There was an association between ES-SCZ and diastolic blood pressure (B = -2.69 [95% CI -4.74; -.65], P-value = 0.010) in schizophrenia. ES-SCZ was associated with the fasting glucose level (B = -6.23 [95% CI -11.59; -.87], P-value = 0.023); high density lipid level (B = 1.77 [95% CI .27; 3.27], P-value = 0.021) in control and these results remained significant after adjusting for age and sex.
Conclusions: ES-SCZ was associated with important metabolic parameters. These findings show that ES-SCZ is not only related to increasing the risk for psychosis development but may also influence comorbidities. This result is important since it may increase our knowledge of ES-SCZ and contribute to the importance and framework of its clinical implementation.

Disclosure of Interest: None Declared

EPP0278

The Brief Negative Symptom Scale: external validation of symptom domains with clinical, cognitive and functioning-related variables in subjects with schizophrenia

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doi: 10.1192/j.eurpsy.2023.602

Introduction: Negative symptoms (NS) represent a heterogeneous construct of schizophrenia, whose conceptualization is still to be clarified. In the last decade, the conceptualization model that has received the most support from the literature has described 2 NS domains: the expressive deficit (EXP), which includes blunted affect and alogia, and the motivational deficit (MAP), which includes avolition, asociality, and anhedonia. However, different confirmatory factor-analytic studies suggest that the bi-dimensional model may not capture the complexity of this construct, which could be better defined by a 5-factor model (5 individual negative symptoms) or a hierarchical model (5 individual negative symptoms as first-order factors, and the 2 domains, MAP and EXP domains, as second-order factors). However, to our knowledge, no study has investigated associations between negative symptom models with social cognition and functional capacity, which are largely documented to correlate with negative symptoms, nor the associations with external validators over time, looking at the potential stability

of negative symptom models validity through the course of the illness.
Objectives: In the light of this observations, we investigated, the external validity of the five-factor model and the hierarchical model of the BNSS in subjects with schizophrenia, looking at associations with cognition, social cognition, functioning and functional capacity at baseline and at four years follow-up.
Methods: NS were assessed in 612 subjects with schizophrenia using the Brief Negative Symptom Scale at the baseline and after 4-year follow-up. State of the art assessment instruments were used to assess cognitive and functioning related variables. Structural equation models (SEM) that included the NS models and 4 external variables were used to our aim.
Results: According to recent multicenter studies, our results confirmed the validity of the 5-factor- and the hierarchical-model of negative symptoms. In particular, these 2 models proved to be equivalent in terms of fit to the data at baseline and follow-up. As regard to the relationship of the two BNSS models with external variables, we found that there was a similar pattern of associations at the two time points despite minor variations.
Conclusions: The five factor and the hierarchical models provide an optimal conceptualization of negative symptoms in relation to external variables. The similar pattern of associations with external variables of the two models at the two time points despite minor variations, suggests that the simple and widely used 5-factor solution provides the best balance between parsimony and granularity to summarize BNSS structure. This data is of important relevance with consequent implications in the study of pathophysiological mechanisms and the development of targeted treatments for NS.

Disclosure of Interest: None Declared

EPP0279

Representations of long-acting antipsychotics in patients at the Arrazi hospital in Salé Morocco

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doi: 10.1192/j.eurpsy.2023.603

Introduction: Since the appearance of long-acting antipsychotics (LAPAs) and given the high frequency of non-adherence to treatment in psychotic disorders, LAPAs have recognized a resurgence of interest in the psychiatric literature. These long-acting drugs may pose ethical issues (e.g. limitation of freedom).
Objectives: The present study aims to determine the representations of long-acting antipsychotics in patients followed at Arrazi Hospital in Salé.
Methods: Descriptive study carried out with patients hospitalized at the Arrazi hospital in Salé and those followed in consultation who are on APAP or who have already used it. The collection of information is done using an exploitation sheet
Results: APAPs have been used for less than 5 years by 53.8% of patients84.6% of participants do not use APAP bychoice, in 79.2% of cases it was the doctor's decision and in 20.8% of cases it was the family's choiceMonotherapytreatment was the most cited benefit by our patients (76.9%)The route of administration of APAP by intramuscular injection is the problem encountered in 57.7% of our patients, while11.5% of patients find no inconvenience for the use of these psychotropics.
Conclusions: Negative beliefs associated with the treatment contribute to a very large part to the lack of compliance, onthe contrary, long-acting antipsychotics may be better accepted by patients when taking into account the patients' beliefsand preferences in the development of the treatment. therapeutic project

Disclosure of Interest: None Declared

Sleep Disorders and Stress

EPP0281

Evaluation of serotonin and serotonin transporter levels among Obstructive Sleep Apnea patients

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doi: 10.1192/j.eurpsy.2023.604

Introduction: Obstructive sleep apnea (OSA) is characterized by recurrent pauses in breathing during sleep leading to sleep fragmentation and further excessive daytime sleepiness. Therefore, OSA patients are at high risk of suffering from complications from psychiatric disorders. Serotonin is a known neurotransmitter and together with serotonin transporter (SERT) is involved in the development of depression and insomnia.
Objectives: The study aimed to evaluate serotonin and SERT levels among OSA and healthy individuals and their association with insomnia and depression symptoms.
Methods: Forty individuals following polysomnography (PSG), based on the apnea-hypopnea index (AHI), were divided into 2 groups: the OSA group (AHI30; n=20) and the control group (AHI<5; n=20). Participants filled out questionnaires: Beck Depression Inventory (BDI) and Athens Insomnia Scale (AIS). Peripheral blood was collected in the morning after PSG. Protein concentrations were measured using ELISA. Further groups were divided into subgroups based on the standard cut-off points: without (AIS (-)) and with (AIS (+)) insomnia symptoms (AIS>5) and without (BDI (-)) and with (BDI (+)) depression symptoms BDI (BDI>19).
Results: No differences between the OSA and control groups in serotonin (128.8 (73.4 – 209.0) vs. 132.7 (69.9 – 214.6) ng/ml, p=0.805 and SERT (55.8 (39.7 – 64.80) vs. 576.4 (424.2 – 658.3) pg/ml, p=0.564) levels were observed. In OSA group SERT level correlated with AHI (r=0.409, p=0.043), desaturation index (r=0.504, p=0.024) and mean oxygen desaturation during night (r=-0.522, p=0.018), while serotonin level was associated with BMI (r=0.550, p=0.012), but not PSG parameters. Serotonin level was higher in the AIS (+) group but only in healthy individuals. Further, serotonin levels decreased in the BDI (+) group, yet this finding was observed only in the control group.
Conclusions: The results show that serotonin levels are associated with the presence of insomnia in depression, but quite interestingly only among healthy individuals. The association between oxygen desaturation and SERT levels suggests the involvement of hypoxia