

forementioned paramedical counselling. Anxio-depressive symptom severity was measured with the Beck Depression Inventory and the Spielberger's State Anxiety Inventory; perceived stress was registered with the Perceived Stress Scale and Brief Stress and Coping Inventory, while self-esteem was evaluated by the Rosenberg Self-Esteem Scale.

Results: Participation in an infertility programme itself affected positively patients' self-esteem and decreased their levels of depressive symptom severity ($t(50) = 2.738$, $p = 0.009$, $95\%CI = 0.167 - 1.088$), but an additional 5-session paramedical counselling resulted in a significant lowering of state anxiety symptoms ($t(106) = -2.093$, $p = 0.039$, $95\%CI = -6.372 - 0.173$) contrasted with infertile men not receiving this additional counselling.

Conclusions: Conclusion: Screening for psychological factors is advisable in the course of an infertility treatment, and the implementation of an accompanying paramedical counselling focusing on the alleviation of concomitant psychopathological symptoms would be advisable among male infertile patients.

Disclosure: No significant relationships.

Keywords: male infertility; anxio-depressive symptoms; paramedical counselling

EPP0483

The Potential Relationship Between The Environmental Risk Factors And Social Cognition in Psychosis

S. Cicek^{1*} and F. Karadag²

¹Cankiri State Hospital, Psychiatry, Cankiri, Turkey and ²Gazi University Faculty of Medicine, Psychiatry, Ankara, Turkey

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.727

Introduction: In schizophrenia research, little is known about the relationship of environmental exposures with social cognition deficits.

Objectives: We aimed to investigate the relationship between social cognitive performance and well-defined environmental risk factors (childhood adversities, birth season, paternal age, obstetric complications, urban living i.e.) in schizophrenia.

Methods: 54 schizophrenia patients and 37 healthy controls (HCs) were included in our study. Participants in both groups were of similar age, gender, and educational level. Two theory of mind (ToM) tests (DEZIKÖ and RMET), and the Childhood Trauma Questionnaire (CTQ) were applied. ToM test scores among groups (patients with/ without risk factors, and HC) were compared using analysis of variance.

Results: Overall, the schizophrenia group scored higher on the CTQ and performed worse on ToM tests than the HCs. Patients were more likely to report obstetric complications, advanced paternal age, winter and rural birth. Both the patients having high and low CTQ scores performed poorer on the RMET and false belief test than HCs. However, there was no significant difference in DEZIKÖ-total scores of patients with low CTQ scores and HCs. Patients with advanced paternal age at birth achieved lower faux pas sub-scores. Urban birth and RMET scores were positively correlated in patients.

Conclusions: Our findings suggest the environmental factors such as childhood traumas, advanced paternal age, and rural birth seem to negatively affect the social cognitive performance of schizophrenia patients.

Disclosure: No significant relationships.

Keywords: social cognition; Psychosis; environmental risk factors

EPP0484

Alternative initiation regimen of paliperidone palmitate long-acting injectable

I.E. Menendez Gil^{1*}, S.L. Romero Guillena² and B.O. Plasencia Garcia De Diego¹

¹Virgen del Rocio Hospital, Psychiatry, Seville, Spain and ²UGC Salud Mental Virgen Macarena,, Psychiatry, seville, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.728

Introduction: Long-acting injectable antipsychotics (LAIs) hold an important place in the treatment of psychosis. Knowledge of the best way to administer LAIs is important to maximize the efficacy and minimize the side-effects

Objectives: To assess the effectiveness of flexible doses of palmitate paliperidone long-acting injectable (PPLAI) against standard doses in initiation regimen in the subset of acutely hospitalized patients with schizophrenia and other psychosis

Methods: Retrospective, noninterventional study. Group of initiation regimen: A) "Standard-doses" (recommended PPLAI initiation regimen: 150mg-Day-1 and 100mg-Day-8±4days), B) "Low-doses" (any dosage lower than the Standard-dose) C) "High-doses" (150mg-Day-1 and 150mg-Day-8±4days) Effectiveness was measured with the number of psychiatric hospital admission and psychiatric emergency visit 6-months post-discharge. Length of stay of the index hospitalization, adherence to treatment and adverse events was confirmed in the medical record. Concomitant use of biperiden was recorded.

Results: 51 patients were included. We found no statistically differences in study variables between groups (Table-1). Table-1.

	Standard doses(n=31)	Low-doses (n=13)	High-doses (n=7)
Length of stay mean±sd	17.23±13.09	13.77±9.02	17±10.55
No psychiatric hospitalizations 6-month post-discharge, %patients(n)	71%(n=22)	84.6%(n=11)	85.7%(n=6)
No psychiatric emergency visits 6-month post-discharge, %patients(n)	61.3%(n=19)	69.2%(n=9)	85.7%(n=6)
Prescription of biperiden 6-month post-discharge, %patients(n)	13.3%(n=4)	0%(n=0)	14.3%(n=1)
Adherence to treatment 6-month post-discharge, %patients(n)	80.6%(n=25)	84.61%(n=11)	57.1%(n=4)

Conclusions: No differences were found in the effectiveness of flexible-doses in PPLAI initiation regimen. The use of low doses of PPLAI could keep the efficacy of the standard dose with a better

side effect profile and treatment adherence. The strength of the conclusion is limited by the design and the number of patients.

Disclosure: No significant relationships.

Keywords: schizophrénia; paliperidone palmitate long-acting; antipsychotic; Psychosis

EPP0485

Antipsychotic prescribing choices in patients with First Episode Psychosis

J. Fallon^{1*} and O. Tierney²

¹Brighton and Sussex Medical School, Medical Education, Brighton, United Kingdom and ²Brighton and Sussex Medical School, Psychiatry, Brighton, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.729

Introduction: As all first line options in treating First Episode Psychosis (FEP) are similarly effective there is a consensus among prescribing guidelines that clinicians and patients should consider side-effect profile as the ‘driver’ of initial choice of antipsychotic. Anecdotally it has been observed that different care teams prescribe particular medications preferentially.

Objectives: To evaluate the patterns of antipsychotic prescribing in patients with FEP at the time of initial treatment and over the first year with the Early Intervention Service (EIS).

Methods: Medical records of all patients who had completed 1 year of follow-up with EIS in Sussex Partnership Foundation Trust (n=274) were reviewed. The first antipsychotic prescribed and antipsychotic prescribed at 12-months was recorded alongside initiating care team (EIS, non-EIS community services, inpatient services).

Results: 99% (n=272) of patients were prescribed an antipsychotic. 46% were initiated by inpatient serves, 40% non-EIS community services and 14% EIS. Aripiprazole, olanzapine, quetiapine and risperidone accounted for 95% of initial prescriptions. Different care teams prescribed antipsychotics preferentially ($p<0.005$) (Fig.1). Rates at which initial medication was continued at 12-months varied according to initial prescription ($P<0.05$) (Fig.2).

Figure 1: Prescribing Choices Between Teams (%)

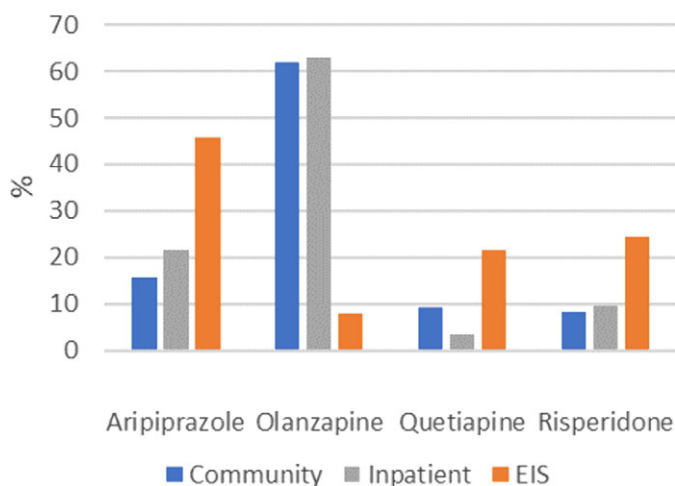
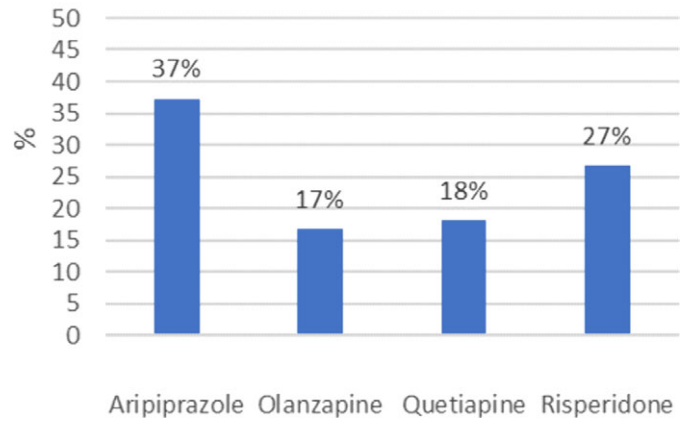


Figure 2: % continuation with initial antipsychotic at 12 months (all teams)



Conclusions: The frequency that specialist EIS services prescribed aripiprazole as initial treatment contrasts the preference for olanzapine in other services. Olanzapine has a significant metabolic side effect profile, is sedating and was least likely to be continued at 12 months. This raises questions about why non-FEP specialist services prefer olanzapine and whether EIS services can support these services around initial medication choices more likely to be continued throughout the key first year of treatment.

Disclosure: No significant relationships.

Keywords: schizophrénia; First Episode Psychosis; Prescribing; Antipsychotics

EPP0487

Efficacy of paliperidone palmitate 3-month formulation in preventing hospital admissions. 60 months of follow-up

S.L. Romero Guillena^{1*}, B.O. Plasencia Garcia De Diego² and F. Gotor Sanchez-Luengo²

¹UGC Salud Mental Virgen Macarena,, Psychiatry, seville, Spain and

²Virgen del Rocío Hospital, Psychiatry, Seville, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.730

Introduction: Paliperidone Palmitate 3-month formulation (PP3M) has shown a significantly longer time to relapse compared to placebo, with similar efficacy and safety to Paliperidone Palmitate 1-month (PP1M). However, studies of longer duration are required.

Objectives: The main objective of this study is to determine the effectiveness of PP3M in the prevention of hospitalizations in patients with non-acute schizophrenia in a naturalistic outpatient psychiatric setting.

Methods: Sample: 30 patients diagnosed with schizophrenia (DSM 5) that started treatment with PP3M after being stabilized with PP1M (the treatment dose was not changed in the four months before study inclusion) The mean dose of PP3M was 401. 55 mg Quarterly basis, the following evaluations were performed during a follow-up period of 60 months: The Clinical Global Impression-