

Introduction: Long-acting injectable antipsychotics (LAIs) have emerged as a new therapeutic option to treat patients suffering a psychotic disorder. To date, there is a lack of studies regarding safety and clinical use pattern of LAIs in pregnant women.

Objectives: Provide evidence and real world clinical data of pregnant women with schizophrenia who have been treated with long-acting aripiprazole monohydrate (aripiprazole once monthly [AOM] condition) during their pregnancy.

Methods: Descriptive real-world clinical experiences of pregnant women in treatment with AOM. The information was obtained by reviewing electronic medical records and by direct clinical observation management.

Results: The first six case-series describing the pregnancy course of women with schizophrenia treated with AOM. All of them remained psychopathologically stable through pregnancy, and their infants became healthy with normal developmental milestones (Table 1).

Table 1. Clinical characteristics of six case-reports.

Mothers	1	2	3	4	5	6
Maternal/Pregnancy outcomes						
Age(years)	35	29	35	31	38	30
Diagnosis	Schizophrenia	Schizophrenia	Schizophrenia	Schizophrenia	Schizophrenia	Schizophrenia
AOM(mg/days)	400-300	400-300	400-300	160	300	400
Type of delivery	Eutocic.	Eutocic, preterm	Eutocic	Eutocic	Eutocic	Eutocic
Neonatal outcomes						
Weight(grams)	3300	1800	3140	3102	2940	3400
Gender	Female	Female	Male	Male	Male	Male
Developmental Abnormalities (years)	No(3)	No(2)	No(0.17)	No(2)	No(2)	No(1.5)

Conclusions: The favorable results in this case-series suggest that despite the lack of evidence on reproductive safety and treatment with AOM during pregnancy, this therapeutic option should be considered in pregnant women with schizophrenia. However, further research on the use of long-acting antipsychotics in pregnant women is needed.

Disclosure: No significant relationships.

Keywords: Long-acting injectable antipsychotics; Pregnancy; schizophrenia; second-generation antipsychotics

EPP0016

Effectiveness of oral versus long-acting antipsychotic treatment early-phase schizophrenia patients: an open-label randomized trial

I. Winter¹, M. Davidson², W. Fleischhacker^{3*} and R. Kahn^{1,4}

¹University Medical Center Utrecht, Psychiatry, Utrecht, Netherlands;

²Minerva Neurosciences, Psychiatry, Waltham, United States of America;

³University of Innsbruck, Psychiatry, Innsbruck, Austria and

⁴Mount Sinai, Psychiatry, New York, United States of America

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.356

Introduction: Schizophrenia is a chronic psychiatric illness with periods of remission and relapse. Patients vary in the frequency and

severity of relapse, time until relapse and time in remission. Discontinuation of antipsychotic medication is by far the most important reason for relapse. A possible method to optimize medication adherence is to treat patients with long-term, depot medication rather than oral medication.

Objectives: Primary objective is to compare all cause discontinuation rates in patients with schizophrenia randomized to either one of the two depot medications (aripiprazole depot or paliperidone palmitate) with patients randomized to either one of the two oral formulations of the same medication (aripiprazole or paliperidone) over an 19 month follow-up period.

Methods: Pragmatic, randomized, open label, multicenter, multinational comparative trial consisting of a 19 month treatment period. Patients aged 18 years or older, having experienced the first psychosis 1-7 years ago, currently meeting DSM-IV-R criteria for schizophrenia. Patients are randomized 1:1:1:1 to paliperidone palmitate, aripiprazole depot, oral aripiprazole or oral paliperidone. The primary outcome is all cause discontinuation.

Results: In the Intent to Treat sample (n=511), no difference was found in time to ACD between the combined oral and combined depot treatment arms, nor between the four individual treatment arms.

Conclusions: Even though the scientific evidence comparing oral and depot medication has been inconsistent, most studies were conducted in rigorous clinical settings, which may have biased those results. In contrast, given the pragmatic, open label design of the current trial, the results may be more representative of common daily practice.

Disclosure: No significant relationships.

Keywords: long-acting antipsychotics; oral antipsychotic; all-cause discontinuation; schizophrenia

EPP0017

Lifestyle intervention on psychotherapy and exercise and their effect on physical and psychological health in outpatients with schizophrenia spectrum disorders. A pragmatic clinical trial.

B. Fernández-Abascal^{1*}, P. Suárez-Pinilla², C. Cobo-Corrales³, B. Crespo-Facorro⁴ and M. Suarez-Pinilla⁵

¹University Hospital Marqués de Valdecilla, IDIVAL Hospital, Department Of Psychiatry, Santander, Spain; ²University Hospital Marqués de Valdecilla IDIVAL, Department Of Psychiatry, Santander, Spain; ³University Cantabria, School Of Education, Santander, Spain;

⁴University Hospital Virgen del Rocío - IBiS, Department Of Psychiatry, school Of Medicine, Sevilla, Spain and ⁵University College of London,, Department Of Neurodegenerative Disease, Institute Of Neurology, London, United Kingdom

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.357

Introduction: Patients with Schizophrenia Spectrum Disorders (SSD) often lead unhealthy lifestyles with higher prevalence of obesity and unfavourable cardiometabolic parameters with less life expectancy and often worse quality of life compared with general population.

Objectives: Evaluate the effectiveness of a combined intervention of exercise and psychoeducation in 48 SSD outpatients with metabolic syndrome (MetS), treated with second-generation antipsychotics and also aimed to explore if the effect persisted in a long-term follow-up of 24 months.

Methods: The intervention included a 12-week aerobic exercise program and a session of lifestyle psychoeducation. Effectiveness was measured in terms a wide range of outcomes involving physical and psychological health, functioning, quality of life, physical activity and changes in motivation to exercise in the context of the self-determination theory.

Results: The active intervention group showed benefits after Bonferroni correction over clinical global impression, identified motivation to exercise and changes of physical activity pattern. Maintenance of effects after 24 months of follow-up was observed for identified regulation to exercise and also for negative symptoms of psychosis (Table). Table. Effects assigned-group/time-over * $p \leq 0.05$ ** $p \leq 0.01$.

Variables	12weeks	24months	Time	Groupxtime	Groupx time x gender
	p	p	p	p	p
HDL (mg/dl)		0.021*			
Negative Syndrome Scale	0.044*	0.004**			
BREQ-2- Extrinsic regulation	0.008**	0.004**			
-External	0.026*				
-Introjected		0.038*			
-Identified	0.018*	0.015*	0.003**	0.002**	
BREQ-2- Intrinsic regulation				0.005**	0.004**
Pedometer (steps/day)			0.001**	0.006**	

Conclusions: A combined intervention on SSD outpatients with MetS showed effectiveness over several clinical parameters and functioning. Therefore, should be considered an essential part of the integral treatment in mental health services for SSD patients.

Disclosure: No significant relationships.

Keywords: non-affective psychosis; exercise; Quality of Life; cardiometabolic risk

EPP0018

Schizophrenia: Study of Tendency and Distribution

C. Vilella Martín*, P. García Vázquez, P. Fernández Perea, Y. Barrera García, A. Serrano García, R. Gómez Martínez and C. Franch Pato

Complejo Asistencial Universitario de León, Psychiatry, LEÓN, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.358

Introduction: The prevalence of schizophrenia is close to 1 percent internationally. According to the 2019 census, the population in the province of León, our study population, is 460,001 inhabitants.

Objectives: To study the distribution of schizophrenia in the area covered by the Complejo Asistencial Universitario de León, Spain.

Methods: This is a retrospective and cross-sectional descriptive study. The data of the hospitalizations of the last 10 years (2009-2019) will be obtained in any service of the CAULE of the 28 basic health areas of the province of León, with a diagnosis of schizophrenia. Prevalence will be calculated. The rate of schizophrenia will be calculated for the decade per 1000 inhabitants.

Results: 3133 admissions identified 1576 unique patients. It is the decade of 50-59 where the largest number of hospitalizations is concentrated. Most entered directly into the psychiatry hospital care. It is 2019 where the most income is produced and 2017 the one with the least. The rate of schizophrenia is 3,2 Per 1000 inhabitants.

Conclusions: Hospitalizations for schizophrenia is concentrated in the decade of the 40-49 years. The diagnosis of schizophrenia is frequently delayed until negative symptoms appear. There is an upward trend in hospitalizations per year in the last decade. The rate of schizophrenia is higher in areas where consanguinity is present and where the prison is located.

Disclosure: No significant relationships.

Keywords: schizofrénia; distribution; Hospitalizations

EPP0019

Implementation of a lifestyle and life-skills intervention to prevent weight-gain and cardiometabolic abnormalities in people with first-episode psychosis: the Keeping the Body in Mind program

J. Curtis^{1,2*}, S. Teasdale², R. Morell², P. Wadhwa², O. Lederman¹, H. Fibbins¹, A. Watkins³ and P. Ward^{2,4}

¹South Eastern Sydney Local Health District, Keeping The Body In Mind Program, Bondi Junction, Australia; ²UNSW Sydney & Mindgardens Neuroscience Network, School Of Psychiatry, Bondi Junction, Australia; ³University of Sunshine Coast, Mind And Neuroscience - Thompson Institute, Birtinya, Australia and ⁴Ingham Institute for Applied Medical Research, Schizophrenia Research Unit, Liverpool, Australia

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.359

Introduction: The development of obesity and metabolic abnormalities that seed future ill-health occur early with antipsychotic treatment. In 2013, the 12-week Keeping the Body in Mind (KBIM) pilot lifestyle intervention was delivered to a small sample of youth experiencing first-episode psychosis (FEP) with <4 weeks of antipsychotic exposure in a cluster-controlled design. The control group experienced significant increases in weight (mean 7.8kg) and waist circumference (mean 7.1cm) compared to non-significant increases (mean 1.8kg) in the KBIM group.

Objectives: To evaluate the effect of KBIM as routine care on anthropometry and metabolic biochemistry in a larger sample of youth with FEP across three mental health services.

Methods: This retrospective chart audit was conducted on youth with FEP, prescribed a therapeutic dose of antipsychotic medication, and who engaged with KBIM between 2015 and 2019. Primary outcomes were weight and waist circumference. Secondary outcomes were blood pressure, blood glucose and blood lipids. Outcomes were collected in a pre-post design. Implementation elements were also obtained from the participant's medical file.