

Results:

| | 12:00 | 24:00 | P |
|-----------|---------------|---------------|-------|
| ADMISSION | 132,95±199,27 | 85,85±121,44 | 0,004 |
| DISCHARGE | 73,65±71,744 | 75,80±123,628 | 0,070 |
| CONTROL | 43,49±34,60 | 40,14±23,08 | 0,47 |

| P global | P Admission Vs. Discharge | P Admission Vs. Control | P Discharge Vs. Control |
|----------|---------------------------|-------------------------|-------------------------|
| 0,97 | | | |

There is a significance difference between 12:00 and 24:00 at admission for the Protein S100B. However, these difference did not occur at discharge and at three months after discharge. It can be interpreted as there is a circadian rhythm of Protein S100B when the patient has got a psychotic outbreak and disappears at discharge and when is psychopathologically stable.

Conclusions: With respect to our results we can hypothesize that schizophrenic patients in acute relapse present circadian S100B rhythm that is not present when the patients are clinically stable. Furthermore, the decrease of serum protein S100B levels at discharge is indicative of a reduction of the cerebral inflammation, thus it can be a biomarker of cerebral inflammation and this reduction can be the effect of the treatment. Finally, its circadianity could be a guide of this process and clinical improvement.

Disclosure of Interest: None Declared

EPP0663

Analysis of the predictive potential of good clinical response of plasma levels of clozapine in patients with resistant schizophrenia in an area of southern Spain

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Introduction: Resistant schizophrenia is a schizophrenia subtype characterized by a non-ability to respond to an appropriate antipsychotic treatment in dosage and duration by the patients. These patients show a lower prognostic and symptomatology. The unique drug which has shown efficacy for resistant schizophrenia treatment is clozapine, which is effective in suicide and aggressive behaviour prevention too. Whereas clozapine has numerous and serious adverse effects such as agranulocytosis risk. Because of this, and for guaranteeing an accurate diagnosis of resistant schizophrenia, distinguishing this from pseudo-resistance due to a poor tracing of schizophrenia, clozapine's plasmatic levels monitoring is recommended in Spain by many clinical practise-guidelines.

Objectives: This studio has the objective of determining if altered clozapine's plasmatic levels have predictive potential of therapeutic response and answering what clinical and sociodemographic variables are associated to these anormal plasmatic levels.

Methods: In this work, a cross-sectional observational study was carried out in which clinical and sociodemographic data obtained by the Mental Health Unit of the Jerez de la Frontera University Hospital were collected within the research project entitled: "Role of social cognition as a factor psychosocial functioning of the schizophrenic patient" (ECOFUN), of all the participating patients (in total the sample was 141 patients, of which 40 are in treatment with clozapine).

Results: The sample of patients has a mean age of 44 years and medium-high educational levels. The vast majority are men and do not currently consume substances of abuse, and when this consumption occurs, tobacco and alcohol are the most consumed substances. Their total scores on the PANSS and Markova Barrios scales are generally very disparate, but with average values of 55 and 16. It has been obtained as results that there is no significant statistical correlation between the plasma levels of clozapine and the values of the PANSS scale and its subscales in the patients. On the other hand, patients treated with clozapine would present clinical and sociodemographic characteristics practically identical to those of patients treated with other antipsychotics, especially their values on the PANSS scale. In addition, plasma levels of clozapine are correlated, although not significantly, with an improvement in the positive symptomatology of schizophrenia.

Conclusions: As a conclusion, unusually higher values of clozapine are correlated significantly with lower values in positive symptomatology in schizophrenia, but plasmatic levels are not correlated significantly with values of PANSS scale.

Disclosure of Interest: None Declared

EPP0664

Disorganization in first episode schizophrenia: psychopathological findings and treatment response from a 2-year Italian follow-up research in a real-world setting

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Introduction: Disorganization is a core dimension of schizophrenia, yet it is relatively under-investigated compared to positive and negative ones, especially at the illness onset. Indeed, most of the empirical studies investigating the disorganized domain included patients with prolonged schizophrenia.

Objectives: Thus, the aims of this research were (1) to monitor the longitudinal stability of disorganized symptoms in young patients with First Episode Schizophrenia (FES) along a 2-year follow-up period, and (2) to examine any significant association of disorganization with functioning, psychopathology and the specific treatment components of an "Early Intervention in Psychosis" (EIP) program across the 2 years of follow-up.

Methods: At baseline, 159 FES individuals (aged 12–35 years) completed the Positive And Negative Syndrome Scale (PANSS)