EPV1365

Does smoking affect the prevalence of caffeine use in schizophrenia?

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Introduction: Caffeine acts as a competing antagonist of adenosine receptors, increasing the release of norepinephrine and the activation of noradrenergic neurons. Long-standing schizophrenia patients frequently develop a comorbidly high daily caffeine intake. This could be explained by its relationship with smoking [1,2].

Objectives: To determine caffeine consumption in schizophrenia and predisposing factors.

Methods: Cross-sectional study designed on a sample of 68 outpatients with a follow-up of at least 5 years at the Mental Health Unit, aged between 18 and 65 years, diagnosed with schizophrenia (ICD-10). Average daily caffeine intake was quantified by reference values for each beverage: coffee (66.7mg/100ml), tea (30mg/100ml), soft or energy drinks (11.5mg/100ml). High intake was defined as a consumption of ≥200mg of caffeine per day. Retrospective review of medical records revealed tobacco use and negative symptoms observed on the PANSS scale. Statistical analysis were performed using SPSS v21.0 (significance $p < 0.05$).

Results: 88.2% of the subjects were daily caffeine consumers with a mean intake of 146.7mg/day (SD=5.8), and a mean consumption time of 6.2 years. Coffee was the predominant beverage in 66.7% of the cases, followed by soft or energy drinks (25%) and tea (0.1%). 45% of participants also had a high caffeine intake of ≥200 mg/day. Comorbid smoking was found in 93% of these patients. Negative symptomatology prevailed among caffeine consumers (PANSS-N= 41.3).

Conclusions: Xanthine abuse seems to be highly prevalent in people with schizophrenia, and there may be a relationship with smoking and negative psychotic symptoms.

Disclosure: No significant relationships.
Keywords: caffeine; tobacco; schizophrénia; Xanthine

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Development of approaches to stratification of patients with schizophrenia based on cytokine levels using cluster analysis

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Introduction: Alterations in a variety of immune parameters, including abnormal cytokine levels, are known to be found in schizophrenia. These changes can be useful in identifying patients with the most severe immune abnormalities.

Objectives: To develop approaches to stratification of schizophrenia patients based on cytokine levels using cluster analysis.

Methods: We recruited 53 patients (25 women/28 men) with a verified diagnosis of simple or paranoid schizophrenia and 37 healthy individuals (19 women/18 men) in our study. Serum levels of IL-1β, IL-2, IL-4, IL-6, TNFα, INFα, BAFF, GM-CSF, NGFβ, NRG1, and GDNF were determined using a MAGPIX multiplex analyzer (Luminex, USA). Statistical analysis was performed in Statistica 10.

Results: Principal component analysis and partial least-squares discriminant analysis showed that the combined multi-cytokine profiles of the studied groups differ. The results of the k-means cluster analysis are presented in Table 1 The most reliable results are obtained by a combination of 4 variable: IL-1β, IL- 4, BAFF and GDNF. Table 1 Percent of individuals classified in different clusters depending of number of parameters using for classification.

Number of variables for classification	Healthy individuals		Schizophrenia patients	
	Cluster 1	Cluster 2	Cluster 1	Cluster 2
10 variables	5,4	96,4	26,4	73,6
4 variables	0	100	11,1	88,9
3 variables	2,7	97,3	29,6	70,4
2 variables	8,1	91,9	20,4	79,6

Conclusions: A subgroup (cluster 1) of schizophrenic patients with severe immune abnormalities was identified using data on the levels of IL-1β, IL-4, BAFF and GDNF. Anti-inflammatory therapy is recommended for this subgroup of patients. *Support by Grant of RSF № 21-75-00102.*

Disclosure: No significant relationships.
Keywords: schizophrenia; cytokines

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Prodromal phase and first episode psychosis in schizophrenia: early signs and diagnosis

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Introduction: The detection of the initial prodrome of schizophrenia (SK) before the first episode psychosis remains a major concern in current psychiatric research.

Objectives: In this paper we aimed to analyse clinical and psychopathological aspects of prodromes leading to first-lifetime psychotic episodes and to highlight the high-risk features in order to establish preventive strategies and to provide early intervention in SK.

Methods: This is a retrospective observational descriptive study conducted in the 'Prof. Dr. Alexandru Obregia' Clinical Hospital of Psychiatry in Bucharest, Romania. We collected data from the medical records of 139 patients previously diagnosed with SK

who were admitted to our clinic. For all included patients, diagnoses were recorded according to the DSM-IV TR and ICD-10 classification criteria. Data collected included patient demographics and clinical information. All analyses were conducted using SPSS package.

Results: Of the 139 patients included in this study, 130 patients (93,5%) presented prodromal symptoms. 73 of these patients (52,5%) presented with negative symptoms that were more common in our study in single male patients that had low academic performance and a family history of mental illness, findings consistent with the literature. A decline in social functioning decline was observed in 64 patients (46%) prior to their first admission. 87 patients (62,6%) had a prodromal phase which lasted more than one year.

Conclusions: These findings support the value of early psychopathology in predicting the diagnosis of SK, but clinical guidelines are needed for a more systematic evaluation of the SK prodrome.

Disclosure: No significant relationships.
Keywords: schizophrénia; prodromal phase; first psychotic episode; Early detection

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The use of technologies and social media in patients with schizophrenia and schizoaffective disorder

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Introduction: Technologies such as the phone , the computer , and social media network nowadays are becoming more and more available to everyone including patients with mental illnesses.

Objectives: Our study aimed to examine the prevalence of technology use in individuals with schizophrenia and schizoaffective disorder.

Methods: Study participants were recruited from the outpatient unit of the department C of psychiatry in Hedi Chaker hospital of Sfax , Tunisia. A total of 38 male patients were recruited , from whom the diagnosis of schizophrenia or schizoaffective disorder according to the DSM-5 criteria had been confirmed. Sociodemographic and clinical information as well as details about their technology use were was collected from all the patients.

Results: Of the 38 study participants, 65.8% owned a cell phone , and 52.6% used the cell phone to send or receive messages. A rate of 21.1% owned a computer , 34.2% had internet access and 28.9% had an email account. A rate of 23.7% used social media. Facebook was the most popular social media site. 72% of cell phone owners would like to communicate with their doctor via text messages , and 68% would like to be reminded of their appointments via text messages. Among social media users , 55.6% expressed their interest in a social-media-based doctor-patient communication and appointment reminders.

Conclusions: Our findings suggest that these technologies afford an opportunity to improve the management of these patients.

Disclosure: No significant relationships.
Keywords: Schizoaffective disorder; schizophrénia; technologies; social media

EPV1367

Promoting better mental health care for patients with psychosis by focusing on differences in causal beliefs between patients and clinicians

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Introduction: Nonadherence to antipsychotic medications and disengagement from psychiatric services are frequent among people with psychosis. Research indicates how the beliefs of people with psychosis about the etiology of their symptoms, or their causal beliefs, affect treatment choice and outcomes. Yet, there is less research on causal beliefs of clinicians or on the impact of patient–clinician disagreements on treatment and adherence.

Objectives: This review aimed to explore the scope of the literature focusing on clinicians' causal beliefs and to map the degree of patient–clinician concordance in causal beliefs.

Methods: A systematic literature search of PubMed, Embase, Scopus, PsycInfo, and ASSIA and a grey literature search of PsyArXiv and MedNar yielded 11,821 eligible references.

Results: Forty-two articles indicated that whereas clinicians endorse mainly biogenetic beliefs (9/15 articles, 60%), patients endorse mainly psychosocial causal beliefs (16/31, 52%) and other non-biogenetic causal beliefs (8/31, 26%). Most studies did not compare causal beliefs of people with psychosis and their treating clinicians.

Conclusions: While clinicians and people with psychosis often hold complex causal models, a gap in causal beliefs between these groups appears to exist, which may affect the therapeutic relationship and pose barriers to treatment adherence. Future studies should address this gap by developing interventions that facilitate open communication about causal beliefs to promote treatment alliance and an agreed-on treatment plan.

Disclosure: No significant relationships.
Keywords: causal beliefs; Psychosis

EPV1368

Late onset schizophrenia and delusional disorder: activity of platelet energy, glutamate, and glutathione metabolizing enzymes

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Introduction: Alterations of glutamate, energy and glutathione metabolism contribute to the pathogenesis of psychotic disorders

Objectives: Revealing clinical-biological correlations in patients with late onset schizophrenia and delusional disorder by