

Disclosure: No significant relationships.

Keywords: schizofrenia; Brexpiprazole; Clozapine-Treatment-Resistant; Combination Therapy

EPP0734

Disentangling early and late onset of psychosis in women

A. Díaz-Pons^{1*}, A. González-Rodríguez², V. Ortiz-García De La Foz¹, M. Seeman³, C. Facorro⁴ and R. Ayesa-Arriola¹

¹Valdecilla Biomedical Research Institute, Psychiatry, Santander, Spain; ²Mutua Terrassa University Hospital, Department Of Mental Health, Terrassa, Spain; ³University of Toronto, Department Of Psychiatry, Toronto, Canada and ⁴Hospital virgen del Rocio, Sevilla, Sevilla, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.904

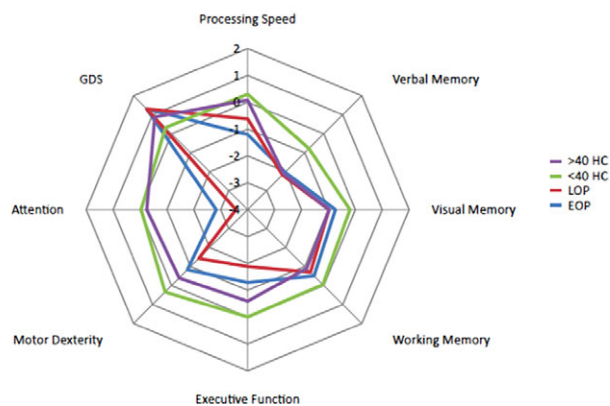
Introduction: Women present a second peak of incidence of psychosis during menopausal transition, partially explained by the loss of estrogen protection conferred during the reproductive years. Despite this, few studies compare sociodemographic, biological, clinical variables and neurocognitive performance between women with early onset of psychosis (EOP) and those with late onset of psychosis (LOP).

Objectives: Our aim was to characterize both groups in a large sample of women, of which 294 were FEP patients (EOP = 205; LOP = 85) and 202 were healthy controls (HC) grouped following cutoff point (<>40 years of age) in previous studies.

Methods: Clinical and laboratory assessments were completed. Neurocognitive performance was also evaluated, and a cognitive global deficit score (GDS) was derived. ANCOVA was used for comparisons.

Results: EOP women were more frequently single and unemployed than comparable HC. Cholesterol levels in LOP women were higher than those of EOP women. LOP presented less severe symptoms, and higher scores in processing speed and premorbid IQ than EOP patients. Cannabis and alcohol use were also more frequent in EOP than LOP women.

COMPARED NEUROCOGNITIVE PROFILES OF EOP, LOP AND HC



Conclusions: Women with EOP and LOP show several sociodemographic, neuropsychological and clinical differences which may be valuable for planning personalized treatment emphasizing in socialization and differential generational dynamics. Some of these differences may be due to the aging process, while others might be influenced by factors such as lack of estrogen neuroprotection. In turn, drug consumption, low IQ and recent experienced trauma could as well reduce efficacy of hormonal neuroprotection.

Disclosure: No significant relationships.

Keywords: First Episode Psychosis; women; Early onset psychosis; Late onset psychosis

EPP0735

A pilot study of the associations between inflammatory markers and the presence of „deficit syndrome” in schizophrenia patients

A. Michalczyk^{1*}, E. Tyburski¹, P. Podwalski¹, B. Misiak², L. Sagan³ and J. Samochowiec¹

¹Pomeranian Medical University, Department Of Psychiatry, Szczecin, Poland; ²Wroclaw Medical University, Department Of Psychiatry, Wroclaw, Poland and ³Pomeranian Medical University, Department Of Neurosurgery, Szczecin, Poland

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.905

Introduction: According to current knowledge inflammation seems to be strongly associated with pathogenesis of schizophrenia. Multiple studies and meta-analyses showed increased levels of inflammatory markers in plasma of schizophrenia patients. Individual studies have shown a relationship between the levels of inflammatory markers and the presence of deficit syndrome, but their results are inconsistent.

Objectives: Analysis of associations between inflammatory markers and the presence of deficit syndrome in schizophrenia.

Methods: Studied group consisted of 50 patients with diagnosed schizophrenia (F20) for at least 10 years, including 14 patients with deficit schizophrenia (DS) and 36 patients with non-deficit schizophrenia (NDS). DS and NDS did not differ significantly in age, BMI, duration of schizophrenia, types and doses of antipsychotics (chlorpromazine equivalent), but differed in sex ($\chi^2=4.28, p=0.039$). Concentrations of inflammatory markers i.e. IL-6, IL-8, IL-10, TNF α , IFN γ , CRP were measured in serum using sensitive ELISA assays.

Results: Initial analysis showed significantly lower concentration of IL-8 in DS compared to NDS ($t=-3.18, p=0.002$). This association remain significant ($F=7.63, p=0.0085$) after co-varying for age, sex, BMI, duration of schizophrenia, type of antipsychotic medications and antipsychotics doses. Multiple logistic regression showed that female gender ($OR=0.18 [0.04-0.87], p=0.034$) and higher IL-8 concentrations ($OR=0.03 [0.002-0.39], p=0.007$) are independent predictors of lower odds of having DS.

Conclusions: Low IL-8 concentrations seem to be promising predictor of the presence of DS in schizophrenia patients, but results need further investigations. The research was funded by Polish Minister of Science and Higher Education's program named "Regional Initiative of Excellence" in 2019–2022, grant number 002/RID/2018/2019 to the amount of 12000000PLN and by National Science Centre, Poland (2019/03/X/NZ5/00719)

Disclosure: No significant relationships.

Keywords: deficit syndrome; Cytokines; schizophrénia; inflammatory markers

EPP0736

Frequency of clinical appointments in subjects with emergent suicidal ideation

J. Qian*, N. Yasmin and V. Deluca

Centre of Addiction and Mental Health, Schizophrenia, Toronto, Canada

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.906

Introduction: Schizophrenia is a psychotic disorder strongly associated with suicidal behaviour up to 20-50 times higher than those in the general population. However, treatments from primary healthcare workers and mental health specialists may improve daily function and increase recovery.

Objectives: Our study aims to investigate if the frequency of interactions with healthcare specialists affects suicidal ideation for patients with schizophrenia.

Methods: 84 patients diagnosed with schizophrenia spectrum disorder were recruited from the Centre of Addiction and Mental Health (CAMH) in Toronto, Canada. Patient medical charts were reviewed to determine the number of therapeutic interactions in two periods: up to three months from baseline, and retrospectively 3 months before baseline.

Results: 19 patients with worsening suicidal ideation had an average of 5.1 more visits following baseline (SD = 6.94), compared to 64 patients with non-emergent SI had 12.0 more visits following baseline (SD = 18.8).

Conclusions: Patients with worsening suicidal ideation had fewer visits from healthcare professionals as compared to those without worsening suicidal ideation. However, further research is necessary to determine the correlation between healthcare visits and suicidal ideation in this population.

Disclosure: No significant relationships.

Keywords: Frequency of clinical appointments; suicidal ideation; schizophrénia

EPP0738

Mourning and psychotic disorders: A different way to experience the loss.

L.T. Rodríguez Hernández¹ and M.L. Costa^{2*}

¹Hospital Universitario Jose Gemain, Psychology, Leganés, Spain and

²Hospital Universitario Severo Ochoa, Psychiatry, Leganes, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.907

Introduction: We present the case of a 48-year-old female patient diagnosed with schizoaffective disorder whose father passed away recently. The patient was facing an appalling mourning which was expressed in the form of behavior disorder and positive psychotic symptoms. Mourning is a natural reaction to the loss of a loved one

which involves an internal world transformation, affecting both images of the self and the perceived environment.

Objectives: To analyse the guidelines for mourning approach in chronic psychotic patients.

Methods: A case report is presented alongside a review of the relevant literature regarding mourning in patients with chronic psychotic conditions.

Results: Accepting the loss, working through disruptive emotions, adjusting to a world without the deceased and finding an enduring connection with the loved one are the four tasks of mourning described by Worden. In our case, the patient was immersed in the first two tasks. Difficulties in accepting the loss, tolerating harmful emotions and establishing new affective links were observed, as well as massive projection of unbearable emotions such as sadness, anger, fear and guilt. The available literature identifies these idiosyncrasies as common in the grief processing in patients with chronic psychotic disorders.

Conclusions: In patients with psychosis, difficulties in symbolization, emotional processing and social bonding could have repercussions in the development of grief. However, these features do not imply a pathologic mourning. Tolerating mourning as a normal reaction in psychotic patients is needed, even if the patient expresses non-typical symptoms such as acute psychosis symptoms, hallucinations or behavior disorder.

Disclosure: No significant relationships.

Keywords: Classification of mental disorders; Psychopathology; mourning; schizophrénia

EPP0739

Naming and Comprehension Features in Language of Schizophrenia Adolescents. Nouns and Verbs Task.

E. Shvedovskiy^{1*}, N. Zvereva¹ and E. Balakireva²

¹Mental Health Research Center, Medical Psychology, Moscow, Russian Federation and ²Mental Health Research Center, Child Psychiatry, Moscow, Russian Federation

*Corresponding author.

doi: 10.1192/j.eurpsy.2022.908

Introduction: Naming and comprehension are standing among the basic language functions, which allow individuals to realize the communication domain of language. Naming and comprehension impairments are well-studied (Sebastian et al., 2018) in most affected patient groups (for example aphasia patients), but at the same time schizophrenia process may cause its specific language disorders (Andreasen et al., 1985). Adolescent age is a very sensitive period in the context of beginning of schizophrenia.

Objectives: The purpose of present study was to identify which language impairment (naming or comprehension) is the most affected in adolescent non-psychotic schizophrenia in this age. Also, authors were aimed at the check of selected tool sensitiveness to schizophrenia patients

Methods: Subjects of present study were patients with schizophrenia of Moscow psychiatry clinic (n=20, mean age=14.4), subdivided by DS (F20.xx, F21.xx) and syndromes (national Russian psychiatric subdivision inside the DS). All DS and syndromes were additionally qualified by the clinical professional. Following methods were used: medical history analysis (expert diagnosis qualification, syndromic analysis), Test "Quantative Language