glucose and insulin. The visceral fat level was determined through the non-invasive bioimpedance analysis with an "Omron BF508" scale and body composition monitor. Suicide risk was assessed using Beck Hopelessness Inventory. There were identified two groups of examined: with MetS and without MetS. In both groups were distinguished two subgroups: patients with normal range of hopelessness and patients with mild and moderate hopelessness. Subgroups were compared among themselves for a number of anthropometric, biochemical and clinical indicators. Statistical analysis was conducted using Mann-Whitney U-test. Reliability level corresponded to $p<0.05$. This study was supported by a grant from the Russian Science Foundation 18-15-00011.

Results:

Indicators reflecting the state of carbohydrate and lipid metabolism, body fat composition and symptoms severity in patients with schizophrenia with metabolic syndrome (Me [Q1; Q3])

	Normal range of hopelessness (n = 4)	Mild and moderate level of hopelessness (n = 11)	p-value
Waist circumference	112 [107; 114,5]	101 [97; 105]	**0,026***
Body mass	102,6 [93; 113,8]	86 [83,5; 89,6]	**0,040***
BMI	33,65 [33.3; 34.7]	30,45 [27: 32.5]	**0,010***
Body fat percentage	42 [34,45; 47,9]	34,35 [27,5; 45,9]	**0,412**
Visceral fat level	13,5 [9; 18]	10 [8: 13]	**0,412**
Total fat fold	139,5 [111,5; 155,5]	106 [99; 124]	**0,188**
Abdomen fat fold	49,5 [45,5; 52]	44,5 [38; 47]	**0,240**
Glucose, mmol/L	5,35 [5,15; 6,15]	5,2 [4,9; 5,5]	**0,489**
Ch, mmol/L	5,05 [4,5; 6,02]	4,82 [4,09; 5,5]	**0,661**
TG, mmol/L	2,33 [1,51; 2,9]	1,96 [1,73; 2,17]	**0,753**
HDL, mmol/L	0,73 [0,63; 0,92]	0,64 [0,62;0,8]	**0,661**
LDL, mmol/L	3,12 [2,98; 3,97]	3,32 [2,67; 3,67]	**0,661**
VLDL, mmol/L	1,06 [0,69; 1,32]	0,89 [0,79; 1,07]	**0,851**
AIP	6,43 [4,76; 7,24]	5,65 [4,72; 6,44]	**0,571**

Comment: BMI – body mass index; Ch – cholesterol total; TG - triglycerides; HDL – high density lipoproteins; LDL – low density lipoproteins; VLDL – very low density lipoproteins; AIP – atherogenic index of plasma; p – level of statistical significance of differences

Waist circumference, body weight and BMI in subgroup with normal hopelessness range in the group of patients with MetS were significantly higher (figure 1).

Conclusions: We were able to establish a negative relationship between the waist circumference, body weight and BMI with suicide risk in schizophrenia patients. It can be assumed that adipose tissue can play a "protective" role in the suicidal behavior of schizophrenia patients.

Keywords: suicide risk; schizophrénia; Metabolic syndrome; obesity

EPP1188

Wernicke encephalopathy complicating catatonic schizophrenia

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Introduction: Wernicke's encephalopathy is a potentially fatal neurological emergency caused by thiamine deficiency. Although it is often associated with chronic alcoholism, it can also occur in all situations that lead to a thiamine deficiency such as undernutrition and exclusive artificial feeding.

Objectives: In this work, we propose to study the clinical and treatment concerns of Wernicke's encephalopathy complicating catatonic schizophrenia.

Methods: We retrospectively report the case of a patient who developed a Wernicke's encephalopathy in the aftermath of catatonic schizophrenia.

Results: Mr H.L, a 47-year-old-male has been followed in psychiatric hospital since the age of 27 for catatonic schizophrenia. He has been hospitalized in July 2020 because of oral intake refusal, social isolation and lack of self-care with a poor compliance to treatment. Examination of the patient revealed catalepsy, mutism and negativism. He was treated with antipsychotics drugs, benzodiazepines and parenteral nutrition. About six weeks after his hospitalization, the patient developed horizontal nystagmus and ataxic gait. Magnetic resonance imaging was consistent with Wernicke encephalopathy. Vitamin B1 dosage was 32nmol/l. Parenteral thiamine replacement therapy was initiated with clinical improvement

Conclusions: Catatonic schizophrenia can be associated with severe malnutrition and thus with thiamine deficiency and Wernicke's encephalopathy. An early intervention by supplying prophylactic thiamine given parenterally in high-risk patients is crucial to avoid Korsakoff syndrome, as well as cardiovascular and neuropsychiatric complications associated with thiamine deficiency.

Keywords: Wernicke's encephalopathy; catatonic schizophrenia; Korsakoff syndrome

EPP1189

Tolerability of cariprazine in the early stage of schizophrenia: A pooled, post-hoc analysis of 4 phase ii/iii double-blind placebo-controlled trials

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Introduction: In the early stage of schizophrenia (first 5 years), the most important clinical target besides symptom control is relapse prevention as each relapse significantly decreases the possibility of preferable long-term outcomes. Early discontinuation of antipsychotic medication due to intolerable side-effects is one of the most common causes of relapse.

Objectives: This poster aims to present cariprazine's tolerability in the early stage of schizophrenia.

Methods: Data from 4 randomized, double-blind, placebo-controlled trials (NCT00404573, NCT01104766, NCT01104779, NCT00694707) with similar design (1 week of wash out period, 6 weeks of treatment and 2-4 weeks of follow-up) were pooled. For the post-hoc analysis, patients with early stage of schizophrenia (defined as having a disease duration of less than 5 years) were extracted from the whole safety population, and approved doses of cariprazine (1.5-6.0 mg/day) were combined. Treatment-emergent adverse events (TEAEs) and discontinuation rates were analysed versus placebo.

Results: Overall, 169 placebo- (PBO) and 322 cariprazine-treated (CAR) patients were identified as having schizophrenia for less than 5 years. 67.7% cariprazine- and 56.2% placebo-treated patients reported at least one TEAE; most frequently insomnia (10.9 %