

context-free variables such as resources before new interventions can be introduced.

**Disclosure:** No significant relationships.

**Keywords:** Psychosis; organisational climate; Cognitive remediation; early intervention

## EPP0238

### Real-world treatment patterns and outcomes in patients initiating lurasidone for the treatment of schizophrenia in Europe

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**Introduction:** Lurasidone is a second-generation antipsychotic shown to have a lower risk of weight gain and a lower incidence of metabolic adverse events compared with some medications in the same class.

**Objectives:** To describe treatment patterns, clinical outcomes and adverse drug reactions (ADRs) over 12 months following lurasidone initiation in patients with schizophrenia.

**Methods:** This was a multi-centre observational study involving data collection from patients' medical records, conducted in seven mental health centres in the United Kingdom (UK) and Switzerland. The study included patients aged  $\geq 18$  years who initiated lurasidone after 1 January 2016 for the treatment of schizophrenia. Data were collected from medical records both retrospectively and prospectively using a standardised data collection form. Data collected included patient characteristics, treatment history, lurasidone regimens, clinical outcomes and ADRs.

**Results:** Forty-eight patients participated in the study. The median (interquartile range [IQR]) age at lurasidone initiation was 33.5 (25.5–50.3) years and 31 (65%) patients were male. The median (range) lurasidone starting dose was 37 mg daily (9.3–148 mg). Thirty-eight (79%) patients continued lurasidone for the entire 12-month follow-up period. Among the 14 (29%) patients with documented relapse, the median (IQR) time to relapse was 3.4 (1.5–7.9) months. Five ADRs were recorded in patient notes judged as related to lurasidone: agitation, nausea, akathisia, somnolence and vomiting (one patient each).

**Conclusions:** In this real-world study of patients with schizophrenia in the UK and Switzerland, 79% of patients continued lurasidone for at least 12 months, and ADRs were reported rarely in patient notes.

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**Keywords:** schizophrenia; Antipsychotics; lurasidone; observational

## EPP0239

### Working Memory Deficit and Attentional Distractibility in Schizophrenia

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**Introduction:** Meta-analyses suggest that patients with schizophrenia show deficit in working memory – both verbal and visual – and are more distractible. Working memory disturbances are even regarded as the central deficit in schizophrenia by some researchers. Theta synchronization (especially over fronto-central areas) is related to cognitive control and executive functioning during working memory encoding and retention.

**Objectives:** The main goal of the study was to gain more understanding of the nature of working memory deficit and attentional distractibility in schizophrenia.

**Methods:** 35 patients with schizophrenia and 39 matched controls were enrolled in our study. Participants performed a modified Sternberg working memory task that contained salient and non-salient distractor items in the retention period. A high-density 128 channel EEG was recorded during the task. Event-related theta (4–7 Hz) synchronization was analyzed during working memory encoding (learning) and retention (distractor filtering) in a later time window (350–550 ms).

**Results:** Patients with schizophrenia showed weaker working memory performance and increased attentional distractibility compared to the control group: patients had significantly lower hit rates ( $p < 0.0001$ ) and higher distractor-related commission error rates ( $p < 0.0001$ ). Theta synchronization was modulated by condition (learning < distractor) in both groups but it was modulated by salience only in controls (salient distractor > non-salient distractor,  $p[\text{patients}] = 0.95$ ,  $p[\text{controls}] < 0.001$ ).

**Conclusions:** Our results suggest that patients with schizophrenia show diminished cognitive control compared to controls in response to salient distractors. Difficulties in cognitive control allocation may contribute to the behavioral results observed in this study.

**Disclosure:** No significant relationships.

**Keywords:** working memory; schizophrenia; cognitive control; frontal-midline theta

## Mental Health Care 01 / Research Methodology

## EPP0241

### Cross-cultural analysis of the stigmatising attitudes of psychiatrists across Europe and measurement invariance of the Opening Minds Stigma Scale for healthcare providers

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