

Objectives: Description of sociodemographic, lifestyle and clinical factors related to good performance in PAL-test in schizophrenia patients.

Methods: Participants (N=4500) were members of the Finnish SUPER study on the genetic mechanisms of psychotic disorders (SUPER). The database of the Northern Finland Birth Cohort 1966 (NFBC 1966) was utilized as a reference data. Visual memory and new learning were assessed using Cambridge Neuropsychological Test Automated Battery (CANTAB) Paired Associates Learning (PAL) test. The 50th percentile scores (10 error score or less) for outcome measure total errors adjusted (TEA) of NFBC 1966 was used as a cut-off for good performance in PAL test.

Results: The sociodemographic and lifestyle factors related good performance for both sexes were: younger age ($p < .001$), higher basic education ($p < .001$), independent form of dwelling ($p < .001$), hazardous drinking ($p < .001$), cannabis use ($p < .001$) and being married (females $p = 0.009$, males $p = 0.049$). The clinical factors related to good performance for both sexes were not using antipsychotic medication regularly ($p < .001$), not using all psychotropic medication (females $p = 0.05$, males $p < .001$), less hospitalization times due to psychosis ($p < .001$), younger age at first hospitalization due to psychosis ($p < .001$), lower number of hospitalization days ($p < .001$) and lower percentage of time in hospital after first psychosis episode ($p < .001$).

Conclusions: Several factors related to good performance in the PAL-test in the crude analysis without any confounders.

Keywords: schizophrenia; visual memory and new learning

EPP1252

Natural catalytic immunoglobulins hydrolyzing histones as a link between inflammation and humoral immunity in schizophrenia

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Introduction: Schizophrenia pathogenesis is known to be associated with chronic low-grade inflammation. Inflammation can be caused by extracellular histones that are released from cells due to apoptosis dysfunction. It can also be accompanied by the formation of natural catalytic immunoglobulins that bind and hydrolyze histones.

Objectives: To investigate the ability to hydrolyze various histones by polyclonal IgGs from serum of patients with schizophrenia.

Methods: We recruited 50 patients (28 men and 22 women) with a verified diagnosis of paranoid or simple schizophrenia and 25 healthy individuals (13 men and 12 women) in our study. IgG preparations were obtained by affinity chromatography and analyzed by SDS-PAGE and MALDI MS. Catalytic activity of IgGs were revealed by the degree of hydrolysis of five histones using SDS-PAGE. To prove that antibodies exhibit histone-hydrolyzing activity, we used rigorous generally accepted criteria. Statistical analysis was performed in Origin 2019.

Results: IgGs of patients are shown to bind and hydrolyze various histones with high efficiencies. The IgGs histone-hydrolyzing

activity level, depending on the type of histone (H1, H2a, H2b, H3, H4), was statistically significantly 6–20 times higher than that of healthy individuals (Fig. 1). However, only 21% of patients with schizophrenia had IgGs with very high activity. The IgGs activity level correlated with PANSS General scale.

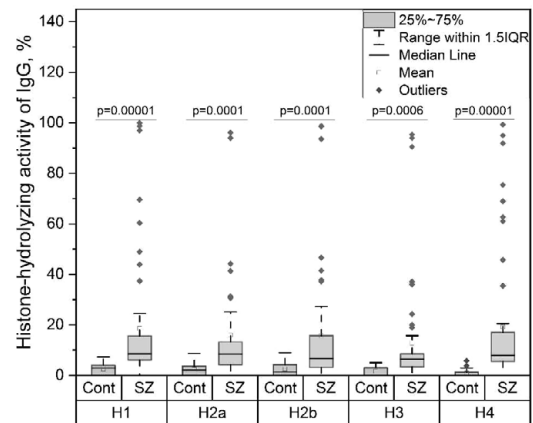


Fig. 1. Histone-hydrolyzing activity of IgG.

Conclusions: We suggest that histone-hydrolyzing antibodies may play a compensatory role in schizophrenia because removal of extracellular histones minimizes the inflammatory responses. Therefore, such IgGs may be the link between inflammation and humoral immunity, and also be a promising biomarker.

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Keywords: schizophrenia; Inflammation; Histones; Humoral immunity

EPP1253

Catatonia induced by abrupt discontinuation of clozapine - case report

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Introduction: Catatonia is characterized by a bizarre and severe psychomotor change. According to DSM-5, the presence of three or more symptoms is necessary to affirm the diagnosis: stupor, cataplexy, brain flexibility, mutism, negativism, posturing, mannerisms, stereotypes, agitation not influenced by external stimuli, grimaces, echolalia or echopraxia. The association between first- and second-generation antipsychotics (AP) and the onset of catatonia is well established in the literature. In contrast, clozapine is one of the second-generation APs that is recognized for its effectiveness in treating catatonia, rather than inducing it. However, it has been documented that abrupt discontinuation of clozapine can induce rapid clinical deterioration with multiple presentations including: psychoses, cholinergic rebound states, serotonergic syndromes and catatonia.

Objectives: Review the literature on catatonia associated with abrupt interruption of clozapine. Describe a clinical case.

Methods: Observation of the patient and consultation the clinical file. Non-systematic literature review on catatonia, clozapine, side effects associated with rapid discontinuation and respective treatment.

Results: 34-year-old man, with the diagnosis of Schizoaffective Disorder. Admitted due to an acute decompensation with psychotic symptoms resistant to treatment requiring the introduction of clozapine. In the absence of a clinical response, clozapine was suspended, with the consequent appearance of catatonia resistant to benzodiazepines in high doses.

Conclusions: Its already well established that the abrupt discontinuation of clozapine can trigger catatonia. This clinical case and literature review suits to emphasize the importance of educating psychiatrists on the adverse effects of psychiatric drugs and, in this case, the cautious discontinuation of clozapine in order to avoid its rebound effects.

Keywords: abrupt interruption of clozapine; rebound effects; Catatonia; clozapine

EPP1254

The factors associated with subjective cognitive complaints in schizophrenia

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Introduction: Schizophrenia (SKZ) is a chronic, disabling and incapacitating psychiatric disorder. In addition to the traditional symptoms of schizophrenia, the suffering of this patients can be expressed through a set of cognitive complaints

Objectives: To determine the factors associated with subjective cognitive complaints in schizophrenia

Methods: We conducted a cross-sectional descriptive and analytical study among a sample of 72 patients followed in psychiatric outpatient of Hedi chaker university hospital in sfax. We used the SSTIC scale to determine subjective complaints and the PANSS to evaluate positive and negative symptoms

Results: The mean age of our population was 46.83± 11.6 years. The patients had a low socio-economic level in 70.1%. They were unemployed in 46.9%, consumed alcohol in 23.6% and consumed tobacco in 58.6% of the cases. the total score on the PANSS scale was 46, distributed as follows: 9 for positive symptoms, 17 for negative symptoms and 22 for total psychopathological assessment. They had an average score of 25 on the total SSTICS score. Factors significantly correlated with subjective cognitive complaints were: low socio-economic level (p=0.04), lack of occupation (p=0.001), alcoholism (p=0.001), smoking (p=0.01) and presence of negative symptoms (p=0.00).

Conclusions: This study demonstrates that socio-demographic characteristics and the predominance of negative signs may increase the subjective cognitive complaints in schizophrenia. The recognition of these associations by the psychiatrist can have an important implication in the therapeutic management.

Keywords: cognitive; subjective; complaints; schizophrenia

EPP1255

Quality of life in patients with schizophrenia

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Introduction: Schizophrenia, with its high prevalence, chronic progression and social impact, is a major challenge for health professionals. For this reason it is important to assess the impact of this disease on these patients, mainly on their quality of life.

Objectives: To study the quality of life in patients with schizophrenia and determine the factors correlated with it.

Methods: A cross-sectional, descriptive and analytical study of 28 patients with schizophrenia followed up at the psychiatric consultation in Hédi Chaker University Hospital of Sfax. Data collection was performed using a sheet exploring socio-demographic and clinical data. We used the Quality of Life Scale (Q-LES-Q-SF).

Results: The average age of our patients was 40.61±6.27 years. The sex ratio (M/F) was 1.15. The socioeconomic level was low in 71.4%. The average number of relapses was 3.04±1.4. Follow-up and compliance were good in 28.6% of cases. The average number of hospitalizations was 3.04±1.4. The average of quality of life in patients with schizophrenia was 21±5.74. The quality of life was affected with age (p=0.023), with the high number of relapses and with a higher number of hospitalizations in psychiatric hospital (p=0.008). Quality of life was improved with regular follow-up and good adherence to the treatment (p=0.000).

Conclusions: The quality of life in mental disorders was impaired mainly in schizophrenics, hence the need to evaluate in a codified way the quality of life of our patients in order to raise awareness among general practitioners as well as psychiatrists to improve the therapeutic and social care of patients.

Keywords: schizophrenia; quality of life

EPP1259

First-rank symptoms: Past, present and future

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Introduction: Conceptualising Schneider's first-rank symptoms (FRS) as a diagnostic test whose performance can be measured in terms of sensitivity and specificity involves some issues that require reflection. The first formal proposal was contained in a 1939 monograph Schneider wrote, but little is known of their prehistory. In recent years there has been renewed interest in their clinical value.

Objectives: This work aims to review the diagnostic evolution and diagnostic accuracy of FRS.