illness was 23 ± 4.6 years. The mean number of hospitalizations per patient was 2 (ranging from 0 to 12), with an average hospitalization duration of 72.69 days. The mean total TDAS score was 6.28 ± 4.2, the mean total PANSS score was 76.47 ± 37.24, the mean positive PANSS score was 13.84 ± 6.76, the mean negative PANSS score was 18.44 ± 11.36, and the mean general psychopathology PANSS score was 44.19 ± 25.29.
The total TDAS score was significantly higher in patients with low socioeconomic status (p = 0.004) and those unemployed (p = 0.003). We found a positive correlation between the total TDAS score and positive PANSS scores (p = 0.001; r = 0.706), general psychopathology PANSS scores (p = 0.001; r = 0.577), and total PANSS scores (p = 0.001; r = 0.662).
Conclusions: Our study shows that death anxiety among patients with schizophrenia seems to be linked to psychosocial vulnerability factors and influenced by psychotic symptoms. It is essential to better understand the nature of this anxiety, taking into account the associated factors, to ensure appropriate management.

Disclosure of Interest: None Declared

EPP102

Long-acting injectable antipsychotics and long-term functionality in schizophrenia

P. Ifteni*, A. Teodorescu, P. Petric and A. Popa

Transilvania university of Brasov, Brasov, Romania
*Corresponding author.
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Introduction: Functional recovery is recognised as the most important target in schizophrenia, complementing symptomatic remission and relapse prevention [1]. Achieving and sustaining functionality remains challenging, as only a proportion of patients reach long-term stability.
The pharmacological strategies that support sustained functionality in real-world clinical practice remain insufficiently described. Long-acting injectables (LAIs), plays a central role in relapse prevention and illness stabilisation. While LAIs are often recommended for patients with poor adherence [2], recent evidence suggests they may also contribute to improved real-life outcomes in broader patient populations [3]. Understanding treatment patterns in patients who achieve high levels of functionality may provide important insights into the determinants of recovery.
Objectives: To describe demographic and clinical characteristics, as well as antipsychotic treatment patterns, in a cohort of patients with schizophrenia identified by psychiatrists as achieving sustained functionality.
Methods: Twenty certified psychiatrists in Romania each reported on five of their most functional patients with schizophrenia, resulting in a cohort of 100 individuals (50 men, 50 women). Functionality was determined by psychiatrists' clinical judgement, supported by rating scales such as the Global Assessment of Functioning and the Social and Occupational Functioning Assessment Scale. Demographic characteristics, illness course, and psychopharmacological treatments were recorded and analysed. Ethical approval was obtained in accordance with institutional requirements.
Results: The cohort consisted of patients selected as the five most functionally stable cases from each participating psychiatrist. The mean age was 43.2 ± 8.1 years, the mean age at illness onset was 26.7 ± 5.9 years, and the mean illness duration was 16.5 ± 7.4 years. The mean duration of remission was 7.2 ± 4.4 years.
Long-acting injectable (LAI) antipsychotics were prescribed in 72% of cases, with aripiprazole LAI most frequently used (42%), followed by paliperidone LAI (14%) and risperidone LAI (13%).
Among oral agents, olanzapine (14%), aripiprazole (8%), and clozapine (8%) were most represented, with smaller proportions on quetiapine, risperidone, cariprazine, and amisulpride. Combination antipsychotic treatment was reported in 10 patients.
Conclusions: This study suggests that functionality in schizophrenia is frequently associated with prolonged remission, stable illness trajectories, and widespread use of LAI antipsychotics.
Aripiprazole LAI was the most frequently reported treatment. Previous studies have described benefits of aripiprazole LAI regarding tolerability, relapse prevention, and quality of life outcomes [4]. These results appear in line with previous evidence, while also possibly reflecting prescribing patterns or clinical selection.

Disclosure of Interest: None Declared

EPP103

Collaboration and co-design between research experts and experts with lived experience in the TRUSTING project for AI-based relapse risk assessment for individuals with psychosis

S. A. Just[1,2*], E. Van der Eycken[3], E. Tedeschi[4], M. Hussain[4] and B. Elvevåg[1]

[1]Department of Clinical Medicine, UiT - The Arctic University of Norway, Tromsø, Norway; [2]Charité – Universitätsmedizin Berlin, Berlin, Germany; [3]Global Alliance of Mental Illness Advocacy Networks-Europe (GAMIAN-Europe), Brussels, Belgium and [4]Department of Computer Science, UiT - The Arctic University of Norway, Tromsø, Norway
*Corresponding author.
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Introduction: Healthcare systems often struggle to adequately address the needs of people with mental health conditions, leading to experiences of stigmatization, discrimination, and inadequate care. These shortcomings can deter individuals from seeking or engaging with treatment, particularly when interventions are developed without meaningful user involvement. Digital tools must be held to an especially high standard in this context, as they raise additional concerns around data privacy, security, and misuse of sensitive data. Still, digital mental health holds significant therapeutic potential, and research shows that individuals with mental health conditions view AI-based tools favorably when privacy concerns are adequately addressed.
Objectives: The TRUSTING project – a prospective multicenter study developing AI-based relapse risk assessment through language analysis in individuals with psychosis – addresses these challenges by including the perspectives of experts with lived experience.
Methods: Crucial technical components such as the TRUSTING app for data collection were co-designed in the project. A dedicated advisory user board, established by GAMIAN-Europe, provided continuous input on technical development to UiT – The Arctic University of Norway. In addition, several rounds of surveys among people with lived experience asked about their opinion on digital health and mental health care.

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