EPP1208

Diagnostic change 2 years after a first episode of psychosis

L. Aranguren[1]*, M. Martinez[1], E. García De Jalón[1,2], A. Fernández[2], M.C. Ariz[2], M. Otero[1] and N. Pereda[1]

[1]Salud Mental. Primeros Episodios, Servicio Navarro de Salud, Pamplona, Spain and [2]Mental Health Group, Instituto de Investigación Sanitaria de Navarra (IdISNA), Pamplona, Spain

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1416

Introduction: Psychiatric diagnoses are derived from expert opinion (1). Since no objective tests or markers are on the horizon, clinical psychiatry is anchored to "the patient's altered experience, expression and existence, associated with suffering in self and/or others"(2). Many studies have examined diagnostic stability over time. In the last years investigators have been reporting prospective and retrospective consistencies of diagnoses between two time points, specially in first episodes of psychosis (3).
Objectives: To examine the prospective and retrospective stability of diagnostic categories 2 years after the first episode of psychosis
Methods: Data were examined from the First Episode Psychosis Program of Navarra (PEPsNA), a prospective observational study of a cohort of patients with first-episode psychosis in Navarra (Spain). Diagnosis was assigned using DSM-IV-TR at baseline and 24 months later. Diagnoses were divided into 5 categories: Affective psychosis, Schizophrenia spectrum psychosis, Schizoaffective disorder, acute psychosis and other diagnoses. Diagnostic change was examined using prospective and retrospective consistency
Results: A total of 78 first-episode psychosis cases with baseline and 24 months follow-up were identified. Table 1 shows the diagnosis movement matrix, and Figure 1 its graphical representation. Of cases, 71.8% (56/78) had the same baseline and 24 months follow-up diagnosis. Prospective and retrospective consistencies are shown in Table 2
Conclusions: The prospective and retrospective consistencies of Schizophrenia spectrum psychosis and acute psychosis were higher than others. Affective psychosis and Schizoaffective disorder show very variable consistencies

Keywords: psychosis; stability; Diagnostic; consistency

EPP1206

Impact of a first psychosis program in functional variables after two years of follow-up

M. Martinez, N. Pereda*, E. García De Jalón, T. Lizarbe, A. Aquerreta, F. Monclus and M. Otero

Salud Mental. Primeros Episodios, Servicio Navarro de Salud, Pamplona, Spain

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1417

Introduction: Early Intervention Services for Early-Phase Psychosis have shown efficacy and effectiveness (Correl C, JAMA). In Pamplona, Spain, there is an Early Intervention Program that has been providing multiprofesional assistance for First Psychotic Patients for the last two years.
Objectives: The aim of this study is to analize the longitudinal effects of the different interventions in several functional variables: GAF, Occupational State, CGI-CogS, QLS, Sofas and WHODAS II applied to 240 patients during two years of follow-up.
Methods: We apply an standard evaluation protocol to every patient at different times: premorbid, initial time and at months 6, 12, 18 and 24. We analyse the data with the SPSS statistical program to see the results in these variables.
Results: The GAF scale shows a decline during the first 6 months, but tends to reach and maintain the premorbid levels after a year of treatment. Regarding baseline, patients with normalized jobs or studies are 60.7%. This percentage persists during the next months of follow-up but decline at the 24th month Both the Whodas and Sofas scale show improvement tends. The QLS results show a progresional improvement in every subcale during the whole time of follow-up.
Conclusions: The Early Intervention Services in Psychosis improve, not only psychopatological dimension but also functional areas, what is important for the whole recovery of First Psychotic Patients.

Keywords: Early-Phase Psychosis; schizophrénia; psychosis; early intervention

EPP1207

N-acetylcysteine as an adjunct treatment of schizophrenia

R. Mota Freitas[1]* and M.T. Valadas[2]

[1]Departamento De Psiquiatria E Saúde Mental, Hospital do Espírito Santo de Évora, Évora, Portugal and [2]Serviço De Psiquiatria, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1418

Introduction: An increasing body of literature supports the hypothesis that immune imbalance towards a pro-inflammatory status in the brain plays an important role in schizophrenia. Anti-inflammatory drugs might compensate this dysregulation, ameliorating the symptoms of schizophrenia. N-acetylcysteine exhibits anti-inflammatory properties and may regulate various neurological pathways, including glutamate dysregulation, oxidative stress, and inflammation, becoming an interesting augmenting drug for schizophrenia treatment.
Objectives: We aim to review the literature regarding the therapeutic effects of N-acetylcysteine in Schizophrenia.
Methods: We performed an updated review in the PubMed database using the terms "N-acetylcysteine" and "Schizophrenia". The included articles were selected by title and abstract.
Results: The literature suggests that N-acetylcysteine may be a useful adjunct to standard treatment for the improvement of schizophrenia symptoms, as well as the cognitive domain of working memory. Also, this augmentation therapy seems to be beneficial in all illness stages
Conclusions: N-acetylcysteine appears to be a promising agent for augmenting conventional pharmacotherapy in schizophrenia, however, further research is needed to consolidate the current findings.

Keywords: schizophrénia; N-acetylcysteine

https://doi.org/10.1192/j.eurpsy.2021.1419 Published online by Cambridge University Press

EPP1208

Hopelessness in patients with schizophrenia

C. Laginhas*, D. Jeremias, D. Rodrigues, R. Medinas, N. Moura and C. Pereira

Psychiatry Department, Ocidental Lisbon Hospital Center, Lisboa, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1419

Introduction: Individuals with schizophrenia have a shortened average life expectancy, with a lifetime risk of suicide around 5%.
Objectives: Here we present a case of a patient diagnosed with schizophrenia who developed depressive symptoms with suicidal ideation, reactive to psychotic symptoms. Considering this specific case, the factors that contribute to the increased risk of suicide in these patients are reviewed.
Methods: Relevant clinical information was extracted from the patient's clinical process. In addition, we searched Pubmed^{R} database with the terms "Schizophrenia", "Hopelessness" and "Suicide".
Results: A 40-year-old male patient, single and unemployed presents a progressive psychotic condition, with 20 years of evolution, with an impact on social and work behaviour. As a background he has a history of depressive episodes with suicidal ideation at the age of 36, following psychotic symptoms. This is a patient with preserved cognitive functioning combined with a high level of education, who understands the impact of his reality on his functioning. In this context, he develops feelings of hopelessness, that are the risk factor for suicide, most consistently reported in patients with schizophrenia.
Conclusions: This case assesses a patient with schizophrenia who has several factors, that contribute to an increased risk of suicide, focusing on hopelessness. In the future, it may be interesting to study in more detail the individual weight of each factor, so that it is possible to accurately predict the individual risk of each patient and, consequently, it is possible to implement preventive strategies.

Keywords: Hopelessness; Suicide; schizophrénia

EPP1209

Quality of life in patients with the first-episode psychosis

A. Usova[1]* and A. Khalikova[2]

[1]Psychiatry And Medical Psychology, Omsk State Medical University, Omsk, Russian Federation and [2]Preventive Examination, West Siberian medical center of the Federal medical and biological Agency, Omsk, Russian Federation

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1420

Introduction: The use of a modern biopsychosocial model of care for patients with schizophrenia dictates the need for a dynamic assessment of the quality of life of patients at different stages of the disease to identify targets for treatment and rehabilitation measures. It is especially important to determine the available targets in the early stages of the disease in order to select effective complex therapy and improve the clinical and social prognosis.
Objectives: To determine the socio-biological and clinical factors that have a significant impact on the quality of life of patients with first-episode psychosis.
Methods: The sample consisted of patients diagnosed with schizophrenia (n=58). The following research methods were used: 1) clinical-psychopathological; 2) quality of life assessment; 3) clinical-laboratory and functional research methods; 4) statistical. The QL-100 questionnaire was used as a tool for studying the quality of life. The PANSS scale was used to assess the severity of positive and negative syndromes.
Results: The most significant adverse impact on the quality of life indicators are the absence of family, lack of work, low material wealth, active consumption of psychoactive substances, the predominance of negative symptoms and the presence of concomitant somatic disease in the acute phase.
Conclusions: Early identification of problematic aspects of the quality of life in patients with the first-episode psychosis allows us to conduct effective treatment and rehabilitation measures for these patients.

Keywords: schizophrénia; first-episode psychosis; quality of life

EPP1210

Early intervention program for psychosis in a portuguese hospital: The first results of the open program

H. Simião*, L. Santana, R. Silva and J. Gago

Psychiatry, Centro Hospitalar de Lisboa Ocidental, Lisbon, Portugal

*Corresponding author.
doi: 10.1192/j.eurpsy.2021.1421

Introduction: OPEN is a structured intervention program for patients who present with untreated psychosis at an early stage, under the guidance of a case manager and a periodic evaluation performed by a multidisciplinary team.
Objectives: The aim of the OPEN program is to create an individual care plan, promoting recovery, functionality, quality of life and prevent relapses. One year after implementation of the program, we present the first results.
Methods: We performed a retrospective review of the patients' clinical profiles included in the OPEN program.
Results: Nine patients were included in the program. The most frequent diagnosis was schizophrenia (n=5). By the time of inclusion in the program, 5 patients used cannabis frequently; one patient kept substance use. At the 6th month assessment, 4 in 5 patients showed an improvement in social functioning (Personal and Social Performance Scale; $\pm$ 16 points), and a decrease in symptom severity in all (Brief Psychiatric Rating Scale; $\pm$ 11 points). Due to COVID-19 pandemics, group interventions were suspended, and some visits were performed by teleconsultation. No patients lost follow-up.
Conclusions: We observed an overall positive result of the first months of this program, regarding both functionality and clinical outcomes. The main obstacle so far is the impossibility of performing group interventions since the start of the contingency measures regarding COVID-19 pandemics. We expect further results of the OPEN program with the inclusion of more patients.

Keywords: case manager; individual care plan

https://doi.org/10.1192/j.eurpsy.2021.1419 Published online by Cambridge University Press