schizophrenia. The *Rethinking Schizophrenia* project falls under the *Rethinking the management of brain disorders* series, research-driven projects offering policy recommendations to make tangible changes with the aim to improve the lives of people living with brain disorders, neurological and mental alike, across Europe.

Disclosure of Interest: None Declared

EPV1001

Stigma in first epizode patients with schizophrenia

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Introduction: Patients with schizophrenia confront with stigmatization in their everyday life. Differences in their perception of stigmatization based on the number of hospitalizations and duration of treatment are unsufficiently researched.
Objectives: Our aim was to investigate whether patients with first-episode schizophrenia differ in their perception of stigmatization from schizophrenia patients with more than one hospitalization,
Methods: A consecutive sample of 120 stable outpatients (70 males, 50 female) diagnosed with schizophrenia were included in the study. Diagnosis of schizophrenia was established with Neuropsychiatric Interview. First episode patients consisted 28.3% of the group.
All patients were at least once hospitalized for mental illness. Patients were dichotomised based on the number of hospitalizations.
The study was approved by Ethic committee of the institutions. Stigma was assessed with Internalized Stigma of Mental Illness (ISMI) scale.
ISMI scale contains 29 Likert items rated on a 4-point scale ranging from "strongly disagree" to "strongly agree". It contains five subscales: Alienation, Stereotype Endorsement, Discrimination Experience, Social Withdrawal and Stigma Resistance. The overall internal consistency for the global ISMI was 0,89; Alienation-0,76; Stereotype endorsement- 0,63; Discrimination- 0,72; Social withdrawal- 0,57.
All analyses were performed using the SPSS 25.0. The differences between groups on continuous variables were evaluated using t-test with Bonferroni correction. For all analyses, the level of statistical significance was defined as an alpha less than 0.05
Results: There were no differences in first-episode and more episode patietns in ISMI and its subscales. Number of hospitalizations was associated with Stereotype endorsement subscale (r=228; p=0,012) Age was correlated with stigma.
Conclusions: Although stigma did not differ between first-episode patients and patients with two or more hospitalizations, stereotype endorsement was strongy associated with the number of hospitalizations leading to conclusion that stigma is associated with psychiatric treatment and our aim must be to destigmatize the treatment and avoid hospitalizations.

Disclosure of Interest: None Declared

EPV1002

Cognitive and social cognitive function in patients with schizophrenia and affective disorder: effects of combining pharmacotherapy with cognitive remediation

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Introduction: In recent decades, there has been increasing interest in neurocognitive function, including non-social and social cognition. Cognitive impairment has a significant impact on functional outcome, especially in schizophrenic disorders, but also in affective and other psychiatric disorders.
Objectives: It is our aim to present the assessment and measurement of cognitive dysfunction through adequate instruments and to evaluate the effects of combining pharmacotherapy and cognitive remediation.
Methods: A review of the modern literature is undertaken and results of own investigations using the Screen for Cognitive Impairment in Psychiatry (SCIP, Sachs G *et al.* Schizophr Res Cogn. 2021 May 12;25:100197; Sachs G *et al.* Schizophr Res Cogn. 2022 Jun 6;29:100259) are presented and evaluated.
Results: Our data show that it is possible to capture cognitive dysfunction in clinical practice.
Conclusions: After a differentiated assessment of cognitive dysfunction, a specific combination of pharmacotherapy and cognitive remediation should be applied to patients with schizophrenia and affective disorders.

Disclosure of Interest: None Declared

EPV1003

Baseline antipsychotic prescription and short-term outcome indicators in individuals at clinical high-risk for psychosis: Findings from an Italian longitudinal study

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Introduction: The prognostic prediction of outcomes in individuals at clinical high-risk for psychosis (CHR-P) is still a significant clinical challenge. Among multiple baseline variables of risk calculator models, the role of ongoing pharmacological medications has been partially neglected, despite meta-analytical evidence of higher risk of psychosis transition associated with baseline prescription exposure to antipsychotics (AP) in CHR-P individuals. In particular, baseline AP exposure in CHR-P individuals may be considered as a functional equivalent of the psychometric transition to psychosis, as already postulated in the original 'Ultra High-Risk' model.

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