EPV0641

Correlation between alterations in cognitive function and mean severity of psychotic symptoms in patients diagnosed with schizophrenia spectrum disorders and its clinical application

P. Malliaris[1]* and K. Bonotis[2]

[1]Psychiatry, General Hospital of Karditsa, Karditsa, Greece and [2]Psychiatry, University of Thessaly, Larisa, Greece

*Corresponding author.

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Introduction: Schizophrenia spectrum disorders (SSD) are characterized by heterogeneity. Cognitive decline, due to recent research results, appears to be a core symptom of schizophrenia. Dimensional approach of SSDs allows the separate assessment of each psychotic symptom, as well as cognitive functioning. Thus, correlations among them and their alterations, between baseline and follow up examination, can be estimated.
Objectives: The objective of this study is to correlate observed alterations in cognitive performance in patients diagnosed with schizophrenia spectrum disorders, compared with baseline measurement, with alterations in severity of psychotic symptoms.
Methods: 85 Patients diagnosed with schizophrenia spectrum disorders, attended in the Outpatient Department of Early Intervention in Psychosis of University of Thessaly, Greece and its affiliated psychiatric clinics, were evaluated the last 24 months, using the CRDPSS (Clinician-Rated Dimensions of Psychosis Symptoms Severity) measure and the validated greek version of the MoCA test. 37 of them had a follow up evaluation. The relationship between the two new categorical variables [dMoCA (positive- negative) and dmCRDPSS7 (positive-negative)] was assessed with x^2 test.
Results: Alterations in cognitive function, as assessed with MoCA scale and dMoCA variable, were inversely correlated with the alteration in mean severity of other dimensions of psychosis symptoms (dmCRDPSS7), $x^2(1, N = 37) = 9.4891$, $p = .0021$.
Conclusions: Our data suggest that alterations in cognitive performance may predict an inverse effect in the severity of psychotic symptoms. Periodic follow up of cognitive functioning in patients diagnosed with schizophrenia spectrum disorders is suggested, since it can be interpreted in clinically useful information considering relapse.

Disclosure: No significant relationships.
Keywords: Schizophrenia spectrum disorders; cognitive assessment; Cognitive decline; Clinician-Rated Dimension of Psychosis Symptom Severity

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Impact of early use of long acting paliperidone (1 and 3 monthly) in a first-episode psychosis sample

P. Gil Lopez*, J.M. Rodriguez, L. Garcia Fernandez, E. Fernandez Martin, N. Fernandez Gayoso and V. Sanchez Estevez

Early Intervention Service For First Psychotic Episodes "lehenak", Mental Health Network of Bizkaia (RSMB). Basque Health System. Osakidetza, Bilbao, Spain

*Corresponding author.

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Introduction: Relapse prevention is a key objetive for patients with a First Episode Psychosis (FEP) and the low adherence to antipsychotic (AP) treatment is the main reason for relapse after a FEP.
Objectives: There are no clear recommendations about the early use of long-acting injectables (LAIs) in FEP. We review the impact on hospitalization rates of the early use (earlier than 1 year after the inclusion in our Early Intervention Service "Lehenak") of LAI paliperidone in a FEP sample.
Methods: We evaluated in a naturalistic study a sample (N=384) of patients with a FEP. We carried out a mirror-design study to compare the numer of hospitalizations before and after the introduction of LAI paliperidone (1 and 3 monthly) in early users (<1 year) vs late users (>1 year).
Results: A total of 384 FEP patients with LAI paliperidone were assessed.

	Early Paliperidone LAI (n=201)	Late Paliperidone LAI (n=173)	Within groups comparisons t (p)
Hospitalizations pre-LAI mirror period (media, standard deviation)	1.76 (1.97)	2.22 (2.60)	1,87 (0.06)
Days in hospital pre-LAI mirror period	21.42 (28.28)	28.02 (38.27)	1.87 (0.06)
Hospitalizations post-LAI mirror period	0.68 (1.61)	0.80 (1.74)	0.73 (0.46)
Days in hospital post-LAI mirror period	15.17 (40.58)	18.78 (45.24)	0.81 (0.42)

Conclusions: There was no difference between the early and late introduction of LAI Paliperidone in the number of hospitalizations after treatament. There was a trend to present more previous hospitalizations and days in hospital in late users. This could support an earlier use of paliperidone LAI to prevent an excess of hospitalizations due to late introduction.

Disclosure: The presenting author has received honouraria for lectures or advisory boards from Janssen, Otsuka, Lundbeck and Angelini in the last five years.
Keywords: outcome; Relapse; first-episode psychosis; long-acting paliperidone

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Acute polymorphic psychosis: An interesting case report

V. Mari[1]*, A. Georgiadi[2], A. Maris[3] and I. Gkolia[2]

[1]Methexis Unit, Psychiatric Hospital of Thessaloniki, Thessaloniki, Greece; [2]3rd Short Stay Unit, Psychiatric Hospital of Thessaloniki, Thessaloniki, Greece and [3]Department Of Orthopaedics, Great Ormond Street Hospital, London, United Kingdom

*Corresponding author.

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Introduction: Acute Polymorphic Psychotic Disorder is a psychotic disorder with an acute onset, presenting thought and perception disorders variable into hours. Often, an emotional fluctuation is present and it may have a sudden onset and a rapid remission.
Objectives: The review's objective is to manifest acute polymorhic psychotic disorders and possible effective medical interventions.

Methods: The current case concerns a 52-year old mother of 4 children with the manifestation of acute polymorphic psychotic disorder with a background of a stressful factor. The patient was involuntarily hospitalized in the Psychiatric Hospital of Thessaloniki from 04/01/ 2019 -21/ 01/2019 due to disorganization and acute confusing condition within the last 9 days. Delusional ideas of religious content were first observed, which alternated with ideas of greatness and then persecution, association and self-denial. She also presented auditory hallucinations while there was a fluctuation of emotion from excessive euphoria to depression. The patient had no previous hospitalization in a psychiatric clinic, however, 7 months ago she experienced another acute psychotic epeisode, while at the age of 17 and under the influence of intense stress, she described mood disorders.
Results: The current symptoms subsided after one week from the day of admission. During her hospitalization, a brain CT was performed without presence of pathological findings. Initially, her medication included i.m. haloperidol 15mg / ml daily, followed by a change to per os paliperidone 9mg daily.
Conclusions: Her mental status was improved, with no disturbances of consciousness noted and she was discharged on paliperidone as home medication.

Disclosure: No significant relationships.
Keywords: acute polymorphic psychosis; immediate recovery; stress factor; paliperidone

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Effect of long-acting injectable paliperidone 3 monthly and aripiprazol 1 monthly on hospitalization rate in a first-episode psychosis

P. Gil Lopez*, J.M. Rodriguez Sanchez, L. Garcia Fernandez and V. Sanchez Estevez

Early Intervention Service For First Psychotic Episodes "lehenak", Mental Health Network of Bizkaia (RSMB). Basque Health System. Osakidetza, Bilbao, Spain

*Corresponding author.
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Introduction: Long-acting injectable antipsychotics (LAIs) can reduce relapse and hospitalization risk but they are not widely used in first psychotic episode (FEP) patientes.
Objectives: To examine the effcacy of two of the most used second generation LAI antipsychotics (paliperione 3 monthly and aripiprazol 1 monthly) to reduce hospitalization rates.
Methods: We evaluated in a naturalistic study a sample of patients (n=277) with a FEP. We carried out a mirror-design study to compare the number of hospitalizations and days in hospital before and after the introduction of LAI paliperidone (3 monthly) or LAI aripiprazol. In our Early Intervention Services (Lehenak) antipsychotic treatment is not protocolized and is established for each patient according to the psychiatrist criteria.
Results: We review the oucome of 277 FEP treated in our Early Intervention Service "Lehenak" with LAI paliperidone 3 monthly (n=156) or LAI Aripiprazol (n=121)

	Pre LAI Mirror Period	Post LAI Mirror Period	Within group comparisons (paired t-test) t p
Aripiprazol LAI number of Hospitalizations (mean, standard deviation)	2.31 (1.72)	0.73 (1.23)	17.4 (<0.001)
Paliperidone LAI 3 monthly number of Hospitalizations number	0,68 (0.93)	0.15 (0.47)	4.62 (<0.001)
Aripiprazol LAI Days in Hospital	30.26 (33.52)	17.02 (38.19)	2.93 (0.004)
Paliperidone LAI 3 monthly Days in hospital	12.63 (24.23)	3.40 (14.18))	7.5 (<0.001)

Conclusions: Both LAI paliperidone 3 monthly and LAI aripiprazol had a postive impact on hospitalIzation rate, decreasing them significantly after their introduction. These data also support a more extensive use of LAI paliperidone 3 monthly in FEP.

Disclosure: Presenting author has received honouraria for lectures or advisory boards from Janssen, Otsuka, Lundbeck and Angelini in the last five years
Keywords: first-episode psychosis; Relapse prevention; long-acting aripiprazol; long-acting paliperidone

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Schizoaffective disorder about 57 cases

I. Kammoun

Psychiatry G, RAZI UHC, Tunis, Tunisia
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Introduction: Schizoaffective disorder remains relatively unknown today compared to other psychiatric disorders. This disorder is however recognized by the international medical classifications DSM 5 and mainly affects many people.
Objectives: Describe the socio-demographic and contextual clinical characteristics of patients with schizoaffective disorder
Methods: We conducted a descriptive retrospective study including patients with schizoaffective disorder (DSM 5) in the psychiatric department G at Razi hospital and who were hospitalized for a period of 1 year from 1 January to 21 December 2020. We collected 57 patients.
Results: The average age of our sample is 40.16 years. The majority of patients (75.4%) were single and the school level did not exceed secondary studies in 64.9% of cases. Most of these patients were unemployed previously working as a day laborer in 47.4%. In addition, the type of schizoaffective disorder was dominated by the bipolar type (94.7%). These patients had a personality disorder in 26.3% mainly schizoid. The psychiatric interview of these patients revealed irritable mood in 47.4%, inappropriate affects in 59.6%, speech of a maniac in 52.6%, delusions of persecution and grandeur in 70.2% with intuitive mechanism (47.4%) and hallucinatory (auditory 45.6%). Disorganized behavior in 50% and catatonic behavior in 5.3% Mental automatism and morbid rationalism in 29.8% Insomnia: 94.7% and concentration disorder: 56.1% Type of treatment was the combination of atypical antipsychotics, mood stabilizers and benzodiazepines 33.3% with regular follow-up in 49.1%
Conclusions: Schizoaffective disorder is one of the most misdiagnosed psychiatric disorders in clinical practice and the need to know its characteristics is a necessity.

Disclosure: No significant relationships.
Keywords: psychiatric interview; schizoaffective disorder; personality disorder