association. Graph-theoretical analysis of the brain connectome provides more indicators to describe the functional organization of the brain, which may help us understand the shared and disorder-specific neural basis of the two disorders.

**Objectives:** To explore the static and dynamic topological organization of OCD and SZ as well as the relationship between topological metrics and clinical variables.

**Methods:** Resting state functional magnetic resonance imaging data of 31 OCD patients, 49 SZ patients, and 45 healthy controls (HC) were involved in this study (Table 1). Using independent component analysis to obtain independent components (ICs) (Figure 1), which were defined as nodes for static and dynamic topological analysis.

**Results:** Static analysis showed the global efficiency of SZ was higher than HC. For nodal degree centrality, OCD exhibited decreased degree centrality in IC59 (located in visual network) (P = 0.03) and increased degree centrality in IC38 (located in salience network) (P = 0.002) compared with HC. Dynamic analysis showed OCD exhibited decreased dynamics of degree centrality in IC38 (P = 0.003) compared with HC, which showed a negative correlation with clinical scores in OCD. While SZ showed decreased dynamics of degree centrality in IC76 (located in sensory motor network) compared with OCD (P = 0.009), which showed a positive correlation with clinical scores in SZ (Figure 2).

**Conclusions:** These changes are suggestive of disorder-specific alternation of static and dynamic brain topological organization in OCD and SZ.

**Keywords:** graph theory; schizophrenia; Obsessive-Compulsive disorder; dynamic functional connectivity

**EPP1187**

**Association of separate components of the metabolic syndrome and suicidal risk in patients with schizophrenia**

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**Introduction:** Patients with schizophrenia have increased cardiovascular and suicide risk. Metabolic syndrome (MetS) is widespread in this group, however, there are no unambiguous data on the relationship between the separate components of metabolic syndrome and suicide risk.

**Objectives:** To examine the relationship between the separate components of the MetS and suicide risk in patients with schizophrenia.

**Methods:** We examined 64 patients with schizophrenia. All patients received antipsychotic therapy in doses comparable in chlorpromazine equivalents. We measured serum levels of lipids,
glucose and insulin. The visceral fat level was determined through the non-invasive biompedance analysis with an “Omron BF508” scale and body composition monitor. Suicide risk was assessed using Beck Hopelessness Inventory. There were identified two groups of examined: with MetS and without MetS. In both groups were distinguished two subgroups: patients with normal range of hopelessness and patients with mild and moderate hopelessness. Subgroups were compared among themselves for a number of anthropometric, biochemical and clinical indicators. Statistical analysis was conducted using Mann-Whitney U-test. Reliability level corresponded to p<0.05. This study was supported by a grant from the Russian Science Foundation 18-15-00011.

**Results:**
Waist circumference, body weight and BMI in subgroup with normal hopelessness range in the group of patients with MetS were significantly higher (figure 1).

**Conclusions:** We were able to establish a negative relationship between the waist circumference, body weight and BMI with suicide risk in schizophrenia patients. It can be assumed that adipose tissue can play a “protective” role in the suicidal behavior of schizophrenia patients.

**Keywords:** suicide risk; schizophrenia; Metabolic syndrome; obesity

**EPP1189**
Tolerability of cariprazine in the early stage of schizophrenia: A pooled, post-hoc analysis of 4 phase ii/iii double-blind placebo-controlled trials

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**Introduction:** In the early stage of schizophrenia (first 5 years), the most important clinical target besides symptom control is relapse prevention as each relapse significantly decreases the possibility of preferable long-term outcomes. Early discontinuation of antipsychotic medication due to intolerable side-effects is one of the most common causes of relapse.

**Objectives:** This poster aims to present cariprazine’s tolerability in the early stage of schizophrenia.

**Methods:** Data from 4 randomized, double-blind, placebo-controlled trials (NCT00404573, NCT01104766, NCT01104779, NCT00694707) with similar design (1 week of wash-out period, 6 weeks of treatment and 2-4 weeks of follow-up) were pooled. For the post-hoc analysis, patients with early stage of schizophrenia (defined as having a disease duration of less than 5 years) were extracted from the whole safety population, and approved doses of cariprazine (1.5-6.0 mg/day) were combined. Treatment-emergent adverse events (TEAEs) and discontinuation rates were analysed versus placebo.

**Results:** Overall, 169 placebo- (PBO) and 322 cariprazine-treated (CAR) patients were identified as having schizophrenia for less than 5 years. 67.7% cariprazine- and 56.2% placebo-treated patients reported at least one TEAE; most frequently insomnia (10.9%...