

Results: We plan to analyze the differences between the three time points (baseline, 18 months, 5 years), taking in account possible correlations with psychopathology, functioning, quality of life and different treatment options.

Conclusions: Identifying specific deficits can help in providing more effective treatment plan including various interventions that can improve treatment outcomes in schizophrenia.

Disclosure of Interest: None Declared

EPV0900

Quality of life and objective-subjective functionality in individuals with schizophrenia

A. M. Lisincki*, L. Csizmadia, F. Á. Szabó, J. Réthelyi and É. Jekkel

Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary

*Corresponding author.

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Introduction: Chronic mental illnesses can significantly impact an individual's quality of life and lead to functional disabilities. Scientific interest in overall quality of life and health-related quality of life has been gradually increasing, especially in the context of chronic diseases where the relationship between patients' long-term functionality and symptom development is not always linear.

Objectives: Our research aimed to investigate the factors influencing subjective-objective well-being and in patients diagnosed with schizophrenia and schizoaffective disorder. Specifically, we examined the effects of anticipated discrimination on patients' quality of life, satisfaction with health care, and overall functionality.

Methods: We recruited 25 patients from Semmelweis University Department of Psychiatry and Psychotherapy in Budapest, Hungary. To be eligible, patients had to meet the diagnostic criteria for schizophrenia or schizoaffective disorder according to DSM-5, cooperate with pharmacotherapy, and meet remission criteria (Andreasen et al., *Am J Psychiatry* 2005; 162 441-449). We collected socio-demographic data and clinical history, utilized the Mini International Neuropsychiatric Interview (M.I.N.I.) and the Positive and Negative Syndrome Scale (PANSS) to identify our clinical sample and assess the severity of symptoms. Objective and subjective functionality and well-being were measured using the Lancashire Quality of Life Profile (LQoLP). Self-reported medication adherence were measured with Morisky Medication Adherence Scale (MMAS-8). Additionally, we assessed anticipated discrimination (QUAD), and satisfaction with healthcare (CACHE).

Results: Our findings have unveiled a cross-sectional association between higher self-reported medication adherence and improved quality of life among patients with schizophrenia. Moreover, increased adherence levels, as well as greater satisfaction with healthcare, were linked to enhanced objective and subjective functionality and overall well-being. Additionally, the anticipation of discrimination was found to be associated with reduced quality of life and functionality.

Conclusions: The overall quality of life and objective-subjective functioning in patients diagnosed with schizophrenia and

schizoaffective disorder can be influenced by various factors. Further research is needed to gain a better understanding of the factors associated with higher quality of life in patients.

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EPV0901

Cariprazine as monotherapy in a case of First Episode of Psychosis (FEP)

P. Nasiou and D. Antoniadis*

Psychiatric Hospital, Thessaloniki, Greece

*Corresponding author.

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Introduction: First-Episode Psychosis (FEP) is a variable condition, characterized by the emergence of new psychotic features for a period of at least 1 week. (Marques et al., *European Psychiatry* 2016; 33 S258) The treatment is antipsychotic medications, which are generally divided into two categories: first and second generation antipsychotics, and they are dopamine antagonists or dopamine partial agonists.

Objectives: The purpose of this presentation is to assess the efficacy of monotherapy treatment with cariprazine of the First Episode of Psychosis (FEP) in a young patient.

Methods: A 19-year old man was involuntarily admitted to the psychiatric intensive care unit because of aggressive and inappropriate behaviour towards his mother including threats to kill her and exhibiting his genitals. His medical history included short periods of depressed mood, as well as physical symptoms such as loss of hair and gastrointestinal symptoms, since he was 18 years old.

When the patient was admitted he was cautious and anxious. During the interview he made reference to auditory hallucinations that commanded him to sexually stimulate himself in front of his mother and also persecutory delusions. Upon admission his total PANSS score was 127. The positive subscale score was 21. The patient was treated with monotherapy cariprazine, gradually increasing the dose from 1,5 mg to 6 mg per day . Furthermore, he was adjunctively treated with sertraline, gradually increasing the dose from 50 to 150 mg.

Results: After a period 24 days since admission the patient clinically improved and was discharged. His total PANSS score was 73 and the positive subscale was 9. He suffered no adverse effects from his treatment.

Conclusions: The use of cariprazine as a treatment for a FEP of a young male significantly improved his PANSS score after a 24-day treatment and also his disorganised behaviour. Of note, rapid tranquilization was avoided. According to the literature this is considered satisfactory response to treatment (Leucht et al. *Schizophrenia Res.* 2005; 79:231-8.). Nevertheless further investigation on the efficacy of the particular medication is necessary as its use is relatively recent in the treatment of psychosis. (Garnock et al. *CNS Drugs.* 2017; 31:513-525)

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