

haloperidol 15mg daily. At week 3 of clozapine cessation, neutrophil count reached 1510/mm³. After week 4 we introduced lithium carbonate and while reaching 500mg per day we observed an increase in the neutrophil count to 4850/mm³. We rechallenged with clozapine at week 12 after a poor clinical response, with incremental dosage to 150mg per day in 17 weeks. The blood cell count did not show any abnormalities and the patient had a good clinical response up to 11 months after the clozapine rechallenge.

Conclusions: Despite the lack of guidelines assessing clozapine rechallenge after neutropenia, the use of lithium carbonate may be considered to stimulate hematopoietic functions.

Disclosure: No significant relationships.

Keywords: schizofrenia; clozapine; Lithium

EPP0619

Neurocognitive Functioning of Adolescents with Clinical High Risk for Psychosis, other Psychiatric Symptoms, and Psychosis

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Introduction: Clinical High Risk of Psychosis (CHR-P) condition and the clinical validity of at-risk criteria are still little studied in child and adolescent population.

Objectives: This study aimed to discover neurocognitive profiles of adolescents with CHR-P, compared with adolescents with psychosis and youth with other psychiatric symptoms that do not meet CHR-P criteria.

Methods: We divided 116 adolescents (12-18 years old) in three groups according to the semi-structured interview Comprehensive Assessment of At-Risk Mental States (CAARMS): psychosis, attenuated psychosis syndrome (APS), non-APS. Moreover, we administered Wechsler scales to assess the IQ, Wisconsin Card Sorting Test to assess abstract reasoning and flexibility, Rey-Osterrieth complex figure to assess planning and attention, and Trail Making Test to assess psychomotor speed, visual attention and task switching. We administered BVN 12-18 subtests to assess lexical denomination, verbal and nonverbal working memory, selective auditory, visual attention, phonemic and categorial fluency, reasoning and problem solving.

Results: Nineteen adolescents met criteria for psychosis, 47 for APS, and 50 did not meet criteria neither for psychosis nor for APS. APS group performed better than psychosis group and similar to non-APS group in processing speed, planning, visual attention, and categorial fluency. APS did not show a significant difference from the other groups in working memory and backward digit span, showing an intermediate profile; non-APS and psychosis groups still differed significantly in these functions.

Conclusions: Identifying typical neurocognitive profiles leads to more accurate diagnoses and early intervention that can lead to better patient outcomes.

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Keywords: schizofrenia; neurocognitive profiles; PSYCHOTIC DISORDERS; Adolescents

EPP0620

Analysis of Oral versus Long-acting Injectable Antipsychotics in the Maintenance of Schizophrenia

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Introduction: A debate regarding the comparative efficacy and tolerability of oral and long-acting injectable antipsychotics (LAIs) in patients diagnosed with schizophrenia is still open in the mind of clinicians. While the adherence is intuitively improved by the LAIs, the acceptance of this treatment is not always good.

Objectives: To conduct a literature review in order to find the data about the comparative efficacy of oral and LAI antipsychotics in schizophrenia, during the maintenance phase.

Methods: A literature review was performed through the main electronic databases (PubMed, CINAHL, SCOPUS, EMBASE) using the search paradigm “schizophrenia” AND “maintenance treatment” AND “oral antipsychotics” OR “long-acting injectable antipsychotics”. All papers published between January 2000 and August 2021 were included.

Results: Based on the reviewed clinical trials (n=37), LAI antipsychotics are associated with an efficacy and tolerability profile similar to or slightly superior to the oral formulation. This is confirmed for both typical and atypical antipsychotics that have been detected by this review. The main advantage of the LAIs is their superior therapeutic compliance and the possibility of early detection for non-adherent patients. However, not all data are unanimously supporting this perspective: while observational trials favor LAI antipsychotics, randomized trials included in the meta-analyses do not detect significant differences between the two types of formulations.

Conclusions: LAIs are associated with superior adherence, but their overall efficacy and tolerability are only slightly superior to those of the oral equivalents. Moreover, there are differences in the results related to the methodology of the trials, therefore data should be interpreted with care.

Disclosure: No significant relationships.

Keywords: schizofrenia; therapeutic adherence; Antipsychotics

EPP0621

Schizophreniform disorder related hospitalizations – a Big Data analysis of a national hospitalization database

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Introduction: Patients with schizophreniform disorder (SD) and schizophrenia present similar symptoms, however, SD has a shorter duration, varying between at least 1 month and 6 months.

Objectives: To describe and analyse Schizophreniform disorder related hospitalizations in a national hospitalization database.

Methods: We performed a retrospective observational study using a nationwide hospitalization database containing all hospitalizations registered in Portuguese public hospitals from 2008 to 2015. Hospitalizations with a primary diagnosis of schizophreniform disorder were selected based on International Classification of Diseases version 9, Clinical Modification (ICD-9-CM) code of diagnosis 295.4x. Birth date, sex, residence address, primary and secondary diagnoses, admission date, discharge date, length of stay (LoS), discharge status, and hospital charges were obtained. Comorbidities were analysed using the Charlson Index Score. Independent Sample T tests were performed to assess differences in continuous variables with a normal distribution and Mann-Whitney-U tests when no normal distribution was registered.

Results: In Portuguese public hospitals, a total of 594 hospitalizations with a primary diagnosis of Schizophreniform disorder were registered during the 8-year study period. Most were associated to the male sex patients, 72.1% (n=428). The mean age at admission was 35.99 years and differed significantly between sexes (males - 34.44; females- 40.19; p<0.001). The median LoS was 17.00 days and the in-hospital mortality was 0.5% (n=3). Only 6.1% (n=36) of the hospitalization episodes had 1 or more registered comorbidities.

Conclusions: Hospitalizations with a primary diagnosis of Schizophreniform disorder occur more frequently in young male patients. This is the first nationwide study analysing all hospitalization episodes in Portugal.

Disclosure: No significant relationships.

Keywords: Big Data; Administrative Database; hospitalization; Schizophreniform

EPP0622

The efficacy of cariprazine in chronic schizophrenia – post hoc analyses of phase II/III clinical trials

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Introduction: Chronic schizophrenia patients are experiencing persistent and severe illness for more than 15-20 years and are usually suffering from long-term negative symptoms. Cariprazine, a novel D₃-D₂ partial agonist has been proven to be effective in the

treatment of acute schizophrenia, however its ability to treat chronic patients has not been assessed yet.

Objectives: The primary aim of the present post-hoc analysis is to assess the efficacy of cariprazine in treating patients with chronic schizophrenia (late-stage and residual schizophrenia patients).

Methods: Data from 3 phase II/III 6-week, randomized, double-blind, placebo-controlled trials with similar design in patients with acute exacerbation of schizophrenia were pooled and patients with more than 15 years of schizophrenia were analysed (late-stage patients). Furthermore, schizophrenia patients experiencing predominantly negative symptoms from a 26-week, randomized, double-blind, active-controlled, fixed-flexible-dose trial with an ICD-10 code of F20.5 were analysed post-hoc (residual patients).

Results: Altogether, 414 late stage (286 cariprazine and 128 placebo) and 35 residual (23 cariprazine and 12 risperidone) patients were identified. The pooled analysis evaluating mean change from baseline to week 6 in the PANSS total score indicated statistically significant difference in favour of cariprazine in the late stage (LSMD -6.7, p<0.01) subpopulation compared to placebo. The mean change from baseline in patients with residual schizophrenia in the cariprazine arm was -9.6 on the PANSS-FSNS scale, while -7.9 in the risperidone arm.

Conclusions: Based on the results, it seems that cariprazine might be a good treatment option for patients with chronic schizophrenia. Nonetheless, further studies are needed to confirm this.

Disclosure: I am an employee of Gedeon Richter Plc.

Keywords: cariprazine; schizophrenía

EPP0623

Descriptive analysis of adherence to mindfulness-based group therapies: online versus face-to-face interventions

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Introduction: The use of technological supports in psychotherapeutic interventions has been widespread in recent years. Since the COVID-19 pandemic, the increase has been greater. The feasibility of online group interventions has been proved in previous studies. Research comparing dropout rates in group interventions with clinical population that include mindfulness training is infrequent.

Objectives: To compare the difference in dropout rates between online and face-to-face mindfulness-based group interventions.

Methods: This study was carried out in a Mental Health Unit in Colmenar Viejo (Madrid, Spain). One hundred thirty-five adult patients with anxiety disorders were included in group interventions (74 face-to-face; 61 online). The group treatments were Acceptance and Commitment Therapy and a Mindfulness-based Emotional Regulation intervention, during 8 weeks, guided by two Clinical Psychology residents. A descriptive analysis of dropout