

EPP1208

Diagnostic change 2 years after a first episode of psychosis

L. Aranguren^{1*}, M. Martínez¹, E. García De Jalón^{1,2}, A. Fernández², M.C. Ariz², M. Otero¹ and N. Pereda¹

¹Salud Mental. Primeros Episodios, Servicio Navarro de Salud, Pamplona, Spain and ²Mental Health Group, Instituto de Investigación Sanitaria de Navarra (IdISNA), Pamplona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1416

Introduction: Psychiatric diagnoses are derived from expert opinion (1). Since no objective tests or markers are on the horizon, clinical psychiatry is anchored to “the patient’s altered experience, expression and existence, associated with suffering in self and/or others” (2). Many studies have examined diagnostic stability over time. In the last years investigators have been reporting prospective and retrospective consistencies of diagnoses between two time points, specially in first episodes of psychosis (3).

Objectives: To examine the prospective and retrospective stability of diagnostic categories 2 years after the first episode of psychosis

Methods: Data were examined from the First Episode Psychosis Program of Navarra (PEPsNA), a prospective observational study of a cohort of patients with first-episode psychosis in Navarra (Spain). Diagnosis was assigned using DSM-IV-TR at baseline and 24 months later. Diagnoses were divided into 5 categories: Affective psychosis, Schizophrenia spectrum psychosis, Schizoaffective disorder, acute psychosis and other diagnoses. Diagnostic change was examined using prospective and retrospective consistency

Results: A total of 78 first-episode psychosis cases with baseline and 24 months follow-up were identified. Table 1 shows the diagnosis movement matrix, and Figure 1 its graphical representation. Of cases, 71.8% (56/78) had the same baseline and 24 months follow-up diagnosis. Prospective and retrospective consistencies are shown in Table 2

Conclusions: The prospective and retrospective consistencies of Schizophrenia spectrum psychosis and acute psychosis were higher than others. Affective psychosis and Schizoaffective disorder show very variable consistencies

Keywords: psychosis; stability; Diagnostic; consistency

EPP1206

Impact of a first psychosis program in functional variables after two years of follow-up

M. Martínez, N. Pereda*, E. García De Jalón, T. Lizarbe, A. Aquerreta, F. Monclus and M. Otero

Salud Mental. Primeros Episodios, Servicio Navarro de Salud, Pamplona, Spain

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1417

Introduction: Early Intervention Services for Early-Phase Psychosis have shown efficacy and effectiveness (Correl C, JAMA). In Pamplona, Spain, there is an Early Intervention Program that has been providing multiprofessional assistance for First Psychotic Patients for the last two years.

Objectives: The aim of this study is to analyze the longitudinal effects of the different interventions in several functional variables: GAF, Occupational State, CGI-CogS, QLS, Sofas and WHODAS II applied to 240 patients during two years of follow-up.

Methods: We apply an standard evaluation protocol to every patient at different times: premorbid, initial time and at months 6, 12, 18 and 24. We analyse the data with the SPSS statistical program to see the results in these variables.

Results: The GAF scale shows a decline during the first 6 months, but tends to reach and maintain the premorbid levels after a year of treatment. Regarding baseline, patients with normalized jobs or studies are 60.7%. This percentage persists during the next months of follow-up but decline at the 24th month Both the Whodas and Sofas scale show improvement tends. The QLS results show a progresional improvement in every subscale during the whole time of follow-up.

Conclusions: The Early Intervention Services in Psychosis improve, not only psychopatological dimension but also functional areas, what is important for the whole recovery of First Psychotic Patients.

Keywords: Early-Phase Psychosis; schizofrénia; psychosis; early intervention

EPP1207

N-acetylcysteine as an adjunct treatment of schizophrenia

R. Mota Freitas^{1*} and M.T. Valadas²

¹Departamento De Psiquiatria E Saúde Mental, Hospital do Espírito Santo de Évora, Évora, Portugal and ²Serviço De Psiquiatria, Unidade Local de Saúde do Baixo Alentejo, Beja, Portugal

*Corresponding author.

doi: 10.1192/j.eurpsy.2021.1418

Introduction: An increasing body of literature supports the hypothesis that immune imbalance towards a pro-inflammatory status in the brain plays an important role in schizophrenia. Anti-inflammatory drugs might compensate this dysregulation, ameliorating the symptoms of schizophrenia. N-acetylcysteine exhibits anti-inflammatory properties and may regulate various neurological pathways, including glutamate dysregulation, oxidative stress, and inflammation, becoming an interesting augmenting drug for schizophrenia treatment.

Objectives: We aim to review the literature regarding the therapeutic effects of N-acetylcysteine in Schizophrenia.

Methods: We performed an updated review in the PubMed database using the terms “N-acetylcysteine” and “Schizophrenia”. The included articles were selected by title and abstract.

Results: The literature suggests that N-acetylcysteine may be a useful adjunct to standard treatment for the improvement of schizophrenia symptoms, as well as the cognitive domain of working memory. Also, this augmentation therapy seems to be beneficial in all illness stages

Conclusions: N-acetylcysteine appears to be a promising agent for augmenting conventional pharmacotherapy in schizophrenia, however, further research is needed to consolidate the current findings.

Keywords: schizofrénia; N-acetylcysteine