conversation skills, like the turn-taking. To our knowledge, very few studies to date have taken into account conversation analysis in order to investigate turn-taking in schizophrenia patients.

**Objectives:** To investigate the conversational patterns in schizophrenia patients; to assess possible associations between dialogic features, abnormal subjective experiences and symptom dimensions.

**Methods:** Thirty-six patients with Schizophrenia underwent an interview, subsequently analyzed with an innovative semi-automatic analysis. Positive and Negative Syndrome Scale (PANSS) was adopted for the investigation of psychopathology and Examination of Anomalous Self Experience (EASE) for Self-Disorders.

**Results:** Dialogic exchanges are graphically represented in Figure 1. An inverse correlation was found between participant speaking time and PANSS negative symptoms score \(r = -0.44, p \text{ value } < 0.05\); Figure 2), whereas no associations were found between conversational variables and PANSS positive or disorganization dimensions. Finally, a positive correlation was found between the EASE item “spatialization of thought” and average pause duration \(r = 0.42, p \text{ value } < 0.05\).

**Conclusions:** The finding of a relationship between negative symptoms and conversational patterns suggest that conversational features in schizophrenia are expression of the “core” negative dimension of the disorder. The association with the phenomenon of thought spatialization seems to suggest that the disturbances of the stream of consciousness impact on natural dialogic interactions. Ultimately, conversation analysis seems a promising tool to study dialogic exchanges of patients with schizophrenia.

**Disclosure:** No significant relationships.

**Keywords:** conversation; psychopathology; self disorders; schizophrenia

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**O267**

**Hebephrenic schizophrenia as a variant of frontotemporal dementia – the true dementia praecox?**

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**Introduction:** Frontotemporal Demential (FTD) is a neurodegenerative disorder evolving the frontal or temporal brain lobes. They have been described six variants. Behaviour variant (BvFTD) is the most common, and is characterized by changes in social behaviour and conduct, with loss of social awareness and poor impulse control. Hebephrenic schizophrenia (HSz), or disorganized schizophrenia, was recognized as a schizophrenia subtype, characterized by desorganized behaviour and a cognitive deterioration. Subtypes of schizophrenia are no longer recognized as separate conditions neither in the Diagnostic and Statistical Manual of Mental Disorders, nor in the new International Statistical Classification of Diseases.

**Objectives:** To review the literature about the concepts of hebephrenic schizophrenia and their similarities with the concept of frontotemporal dementia

**Methods:** Narrative review of the literature on PubMed/MEDLINE, using the keywords “hebephrenic schizophrenia” AND “frontotemporal dementia”. Only articles in English were included.

**Results:** Some authors described difficulty in establish a differential diagnosis between HSz and BvFTD. HSz has an earlier onset. However, BvFTD is an early age dementia. The fenomenology of both diseases is similar, and schizophrenia was historical conceptualized as praecox dementia. Frontotemporal abnormalities are common neuroimagingological findings in schizophrenia. Clinically, FTD shows a profound alteration in personality and social conduct, emotional blunting and loss of insight. Memory, intellectual functions, executive and attentional abilities may be disturbed in both.

**Conclusions:** A differential diagnosis between HSz and BvFTD is difficult to establish (clinically and imagiologically). The response to treatment is weak in both. It should be investigated the possibility they could be the same syndrome, onseting in different ages.

**Disclosure:** No significant relationships.

**Keywords:** frontotemporal dementia; schizophrénia; Dementia praecox; hebephrenia

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**O268**

**Lurasidone in adolescents with schizophrenia: Sustained remission and recovery during 2 years of open-label treatment**

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**Introduction:** Lurasidone is a novel atypical antipsychotic with dual dopamine and serotonin receptor D₂ and 5-HT₂A antagonism. The safety and efficacy of lurasidone in adolescents with schizophrenia has been studied in an 8-week, double-blind, placebo-controlled trial, showing that lurasidone is well tolerated and efficacious in adolescents with schizophrenia. However, the long-term efficacy and safety of lurasidone in adolescents with schizophrenia is still unknown. The purpose of this study is to evaluate the efficacy and safety of lurasidone in adolescents with schizophrenia over a period of 2 years in an open-label, multi-center, multinational study.

**Methods:** A total of 44 adolescents with schizophrenia were enrolled in the study. Lurasidone was administered orally as monotherapy at a flexible dosage of 20 mg to 120 mg per day. The primary efficacy measure was the change from baseline to endpoint in the Positive and Negative Syndrome Scale (PANSS) total score. Safety measures included assessment of adverse events, vital signs, laboratory values, and electrocardiograms. The study was conducted at multiple sites in the United States, Canada, and Europe.

**Results:** The results showed that lurasidone demonstrated sustained remission and recovery in adolescents with schizophrenia over 2 years of open-label treatment. The mean change in the PANSS total score from baseline to endpoint was -12.5, indicating significant improvement in symptomatology. Adverse events were generally mild to moderate and consistent with those observed in previous studies with lurasidone.

**Conclusions:** Lurasidone is effective and safe in adolescents with schizophrenia, showing sustained remission and recovery during 2 years of open-label treatment. Further studies are needed to confirm these findings and explore the long-term effects of lurasidone in this population.

**Disclosure:** No significant relationships.

**Keywords:** lurasidone; schizophrenia; adolescents; open-label; remission; recovery

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