

Methods: In the current study, we asked the service users about the priorities for 'motivation and schizophrenia' research and also suggested involving service users in research itself as partners. Expert Panels with peer leaders previously involved in psychosocial rehabilitation programs took place. A total of 12 Panels (group meetings) were held during the year with three users (schizophrenia spectrum outpatients) aged 45, 47, and 50, male. The reports were analysed using content analysis to generate main themes and findings (Braun & Clarke, 2006).

Results: The users' elements of motivation may differ from organizationally defined ones; this may be related to different opinions and ethical standards among clinicians on patients' autonomy and right to refuse treatment. A discussion of the topics patients have developed to improve the motivation, engagement, and management of patients with schizophrenia in psychosocial treatment and rehabilitation is presented.

Conclusions: The approach successfully generated items for questionnaires that users participants declared with a sense of pride in and ownership of. It is, therefore, possible to create measures of motivation that users feel reflect their understanding and experiences. The outcome of this research is that other Russian researchers will be inspired to follow the same partnership path and encourage service users to participate rather than be subjected to research.

Disclosure of Interest: None Declared

EPP1041

Prevalence of antipsychotic use and associated adverse effects in moroccan with mental health problems

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Introduction: Antipsychotic drugs are widely prescribed for schizophrenia and other mental disorders. They are critical in the pharmacological management of severe psychotic disorder. The adverse effects of antipsychotics are common, with a potential negative impact on adherence and engagement. Despite this, the scientific study of the prevalence of adverse antipsychotic effects is a neglected area.

Objectives: We aim to identify the prevalence of nine clinically important categories of antipsychotic adverse effects, namely: extrapyramidal symptoms; sedation; weight gain; type II diabetes; hyperprolactinaemia; metabolic syndrome, dyslipidaemia; sexual dysfunction; and cardiovascular effects

Methods: This is a prospective, observational, cross-sectional study, carried out in Ar-razi hospital in Salé evaluating side effects in patients hospitalized and treated with antipsychotics within 3 months.

Results: In total, antipsychotic polypharmacy was associated with increased frequency of adverse effects, and a longer duration of treatment is associated with greater severity; clozapine was more strongly associated with metabolic disturbance than other antipsychotics in three studies and olanzapine was associated with the most weight gain in three studies; hyperprolactinemia was more common in women than men, but more men noted sexual dysfunction than women;

Conclusions: Antipsychotic adverse effects are diverse and frequently experienced, but are not often systematically assessed. There is a need for further scientific study concerning the management of these side effects.

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EPP1042

Role of transgenerational transmission of trauma in development of schizophrenia: A case report of a patient whose parents survived genocide in Srebrenica

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Introduction: Developmental predisposition to schizophrenia can be a consequence of early experienced traumas. Transgenerational trauma is process in which traumatic experience of one generation is passed on to the next generation.

Objectives: To show connection between transgenerational transmission of trauma and development of schizophrenia.

Methods: Psychiatric interview, psychological testing.

Results: Patient G.E. age 29, admitted to Psychiatry Clinic due to altered behavior, aggressiveness and presence of delusions and hallucinations. First mental problems in form of a catatonic stupor appeared 6 years ago. Patient has history of earlier abuse of psychoactive substances. A drug test performed at admission was negative. Patient was born in Srebrenica in 1993, he escaped to Tuzla with his mother in July 1995, while father survived escaping on foot. Patient is a first child from his father's second marriage. The father's first wife and two minor children were shot by Bosnian Serbs in early 1992. Patient was born a year and a half after death of his siblings and was named after his half-sister. Patient's father consumed alcohol after the war and was aggressive towards children. In the last two years, patient had frequent hallucinations, he told his parents that voices were telling him to kill his mother and told his father that his children were still alive. Diagnostic processing was performed and diagnosis of schizophrenia was stated. During hospitalization, patient was treated with olanzapine and low doses of haloperidol, along with haloperidol decanoate, which resulted in significant reduction of productive psychotic symptoms. A partial remission is achieved, negative schizophrenic symptoms and cognitive impairments verified by psychological instruments remain.

Conclusions: Case report emphasize transgenerational transmission of trauma: father's untreated trauma, alcohol dependency and abuse of the patient in childhood. These findings are important for treatment and therapeutic considerations. Mentalizing is a possible mediator between childhood abuse and negative symptoms. Parental bonding was explored within high expressed emotions theory as a risk factor for relapse to psychosis, especially the "affectionless control" in the parental (mainly father's) bonding style. Studies also stated that psychotic patients often show insecure attachment representations. Possible pathway for further analysis could be discussed: a cold parental bonding style leading to experienced

emotional neglect and attachment avoidance might be reflected in lower capacity to mentalize. To improve the mentalization capacity, it would be essential to establish a sustainable therapeutic treatment frame.

Disclosure of Interest: None Declared

EPP1043

Treatment effects on adolescents at increased risk for psychosis: evaluation of a treatment approach combining a standardized manual with a smartphone app

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Introduction: The goal of psychotic disorders has led researchers to focus on early identification of individuals at clinical high risk (CHR) for psychosis and treatment of CHR symptoms. CHR symptoms typically occur in adolescence and young adulthood. This is a very sensitive developmental period, and CHR-state is associated with increased functional impairment. Age-appropriate treatment approaches that address youth-specific interests, complex symptomatology, associated distress, and functional impairment are needed. However, there is a lack of research on treatment strategies for this vulnerable age group. To address this gap, we developed the combined treatment program “Robin” (standardized manual and smartphone app). The treatment program targets CHR symptoms, comorbid symptoms, and improvement of quality of life and daily functioning. The smartphone app “Robin Z” is an add-on treatment tool to support patients between their sessions. While a number of studies using smartphone apps in therapy have shown promising effects with adult psychosis patients, little is known about their use in therapy with minor patients. “Robin Z” is one of the first smartphone apps targeting adolescent patients with CHR or full-blown psychotic symptoms.

Objectives: The investigation of efficacy of this specific intervention versus treatment as usual

Methods: Our study was designed as a naturalistic clinical intervention study with a matched controlled design (treatment as usual). A total of 40 help-seeking adolescents (67% female) with CHR symptoms aged 13-18 years (mean age 15.86) were recruited to the intervention condition between September 2017 and May 2022. For the control group, data from 62 patients from a previous study are available and will be matched for age and gender. CHR symptoms, comorbid symptoms, functioning, self-efficacy, and quality of life will be monitored at six time points (baseline, during the treatment phase, immediately after the intervention, and 6, 12, and 24 months later).

Results: All participants have now completed the intervention phase. In Paris, the first results on treatment effects will be presented at the symposium. This will include baseline data for the intervention group and their intraindividual changes in symptomatology, well-being, and level of functioning during and immediately after treatment. In addition, the results of the first

follow up examinations compared to the control group will be presented.

Conclusions: To our knowledge, this is the first controlled trial to evaluate the effectiveness of a specific treatment for adolescents with early psychosis combined with a smartphone app. The results of our evaluation are of clinical importance and should provide essential information for both the field of eMental Health and the topic of early intervention in psychosis.

Disclosure of Interest: None Declared

EPP1044

The comparison of plasma zonulin levels between symptom exacerbation and treatment response periods in schizophrenia: a case-control study with follow-up

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Introduction: Plasma zonulin is acknowledged to be a biomarker for intestinal permeability. Previous studies have demonstrated significant relationships regarding potential effects of zonulin in several major psychiatric conditions including attention deficit and hyperactivity disorder, autism spectrum disorder and depression, however its role in schizophrenia still remains unclear.

Objectives: We aimed to identify the alterations of plasma zonulin levels between the different periods of the illness and we strive to reveal the associations between plasma zonulin levels and symptoms in patients with chronic schizophrenia.

Methods: 30 patients with schizophrenia and 29 healthy controls participated in the study. Sociodemographic data form and Positive and Negative Syndrome Scale (PANSS) were administered. Blood sampling was performed for patients who are in exacerbation and following treatment response periods along with the healthy controls. ELISA method was utilized to measure plasma zonulin levels.

Results: The groups did not differ in plasma zonulin level comparisons. Plasma zonulin did not fluctuate between the symptom exacerbation and treatment response periods of the patients. Besides, plasma zonulin level was found to be associated with passive/apathetic social withdrawal, active social avoidance, and somatic concern items of the PANSS in a negative direction.

Conclusions: This is the first follow-up study in the literature that assesses plasma zonulin in patients with schizophrenia. The measurement of plasma zonulin may not be a convenient parameter in distinguishing symptom exacerbation and treatment response periods in chronic schizophrenia, nevertheless it may have implications on reduced social interaction and somatic symptoms. Our study can provide better insight for future studies to be more cautious while interpreting the associations of plasma zonulin levels with psychiatric disorders.

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