

EPP0618

Burden level among parents of children with epilepsy

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doi: 10.1192/j.eurpsy.2022.816

Introduction: Family caregiving role of children with epilepsy involves managing the daily lives of these children with disabilities. This can lead to impaired physical and psychological health of the caregiver.

Objectives: To assess the level of burden among caregivers of children with epilepsy and to determine the factors associated with it.

Methods: It was a descriptive and analytical survey. It involved the caregivers of children with epilepsy who were admitted to the pediatric neurology department at the Hedi Chaker University Hospital in Sfax during the period from July to October 2020. We used the 12-item Zarit (ZBI-12), the State-Trait-Anxiety Inventory (STAI), and the “BECK” Depression Inventory (BDI-13) to assess caregiver burden, anxiety and depression respectively.

Results: Forty-four caregivers participated in the survey. Their average age was 36 years and their relationship with patient was mother in 93.2% of cases. Among 44 children with epilepsy, 56.8% were boys and 34.1% were schooled. They had psychiatric comorbidity in 15.9% of cases. According to the ZBI scale, the level of burden was high in 45.5% of cases. The total ZBI score was significantly higher among caregivers with primary school level ($p=0.05$) and those with somatic disease ($p=0.004$). It was not correlated with the presence of child's dependence on the others ($p=0.20$). High levels of depression, anxiety-state, and anxiety-trait among caregivers were correlated with the level of burden (p 0.000; 0.000 and 0.001, respectively).

Conclusions: Being a caregiver of a child with epilepsy is a burdensome circumstance. Hence the importance of offering psychological assistance for these caregivers.

Disclosure: No significant relationships.

Keywords: children with epilepsy; Zarit (ZBI-12); parents; Burden level

Schizophrenia and other Psychotic Disorders 07 / Psychotherapy

EPP0616

Pilot study of an online intervention for young people with a first psychotic episode: Thinkapp

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doi: 10.1192/j.eurpsy.2022.817

Introduction: Online interventions can be a complement to maintain the long-term effectiveness of psychosocial interventions in First Episode Psychosis (FEP) that have already demonstrated their efficacy in the short and medium term (Calvo et al., 2015).

Objectives: To test the effectiveness of a mobile app-based intervention (Thinkapp) to improve quality of life, functioning and symptomatology, and reduce days of admission and hospitalizations, in young people with FEP.

Methods: Fourteen patients with FEP, aged 14–30, recruited from Gregorio Marañón Hospital, Ramón y Cajal Hospital and AMAFE Foundation in Madrid (Spain) received treatment as usual plus a psychoeducational intervention through a mobile app. Changes in dependent variables over the course of the intervention were assessed by means of a battery of clinical tests at baseline, 3-month and 6-month follow-up using a Wilcoxon test.

Results: Of the fourteen patients included, 7 patients completed the 6-month follow-up and 8 completed the 3-month follow-up. There were significant differences in days of admission ($p = 0.042$) between baseline and 6-month follow-up. No significant results were observed in other clinical variables.

Conclusions: The study provides preliminary data potentially related to the reduction of days of admissions.

Disclosure: No significant relationships.

Keywords: First Episode Psychosis; Psychosis; Mobile intervention; schizophrenia

EPP0618

Successful clozapine rechallenge after neutropenia using lithium carbonate : a case report

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doi: 10.1192/j.eurpsy.2022.818

Introduction: Clozapine is widely known as the drug of choice in treating refractory schizophrenia. However, clozapine prescription requires close clinical and biological monitoring to prevent harmful side effects like agranulocytosis, neutropenia and myocarditis.

Objectives: To show the benefits of lithium carbonate in the clozapine rechallenge of a patient with neutropenia under clozapine.

Methods: We present the clinical case of a patient who developed neutropenia under clozapine, we rechallenged with clozapine after lithium treatment to stimulate hematopoietic functions.

Results: A 42-year-old man diagnosed with refractory schizophrenia, under clozapine for 11 years with a good clinical response at a dosage of 500mg per day (clozapine serum level 328ng/ml), developed a neutropenia (BCC at 840/mm³) within an interval of 2 months. Clozapine treatment was suspended and the patient presented a severe psychotic relapse requiring hospitalization. During hospitalization the patient remained symptomatic under

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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doi: 10.1192/j.eurpsy.2022.819

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.

Disclosure: The authors declare that they do not have a significant financial interest, consultancy or other relationship with products, manufacturer(s) of products or providers of services related to this abstract.

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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doi: 10.1192/j.eurpsy.2022.820

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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