noradrenaline alpha 1b/2c receptors; it also acts as partial agonist of serotonin 5HT1 and dopamine D2, D3 receptors. Brexpiprazole is approved for the treatment of schizophrenia and as an add-on therapy for major depression.
Objectives: This pilot study aims at exploring efficacy and tolerability of Brexpiprazole in a small sample of patients diagnosed with either a psychotic or a mood disorder.
Methods: This observational study was conducted at our Acute Psychiatric Inpatient Unit. We included 7 patients (5 males, 2 females) hospitalized between 2020 and 2021, diagnosed with schizophrenia spectrum disorders or mood disorders with psychotic symptoms confirmed by Mini International Neuropsychiatric Interview. Patients who participated signed an informed consent. Information concerning diagnosis, demographic characteristics (age, sex, education, marital status) and pharmacological therapy were collected examining clinical records. The average lenght of hospitalization was 13.4 days. Psychopathology was assessed by means of the PANSS and the severity of the illness was evaluated with CGI severity scale (CGI-S), both on admission and discharge. We also administered the UKU scale to evaluate the tolerability profile.
Results:

	Mean (Standard Deviation)		
Age	33.6 (14.7)	Sex	5 M; 2 F
Education years	11.7 (4.1)	Married	2
Days of hospitalization	13.4 (2.4)	Unmarried	5
CGI-S admission	4.8 (1)		
CGI-S discharge	2.1 (1.3)		
PANSS Total score	88.3 (18.4)		
PANSS Positive score	23.1 (5.9)		
PANSS negative score	16.9 (5.8)		
PANSS general score	48.3 (10.3)		
PANSS Total score	50.4 (3.9)		
PANSS Positive score	12.7 (3.2)		
PANSS negative score	10.9 (2.79		
PANSS general score	26.9 (3.8)		
UKU scale score	0 (0)		

Figure 1. Demographic characteristics and psychopathological evaluations

Patient 1 Brexpiprazole 4 mg; Flurazepam 30 mg
Patient 2 Brexpiprazole 3 mg; Valproic acid 1500 mg; Carbolithium 900 mg
Patient 3 Brexpiprazole 4 mg; Quetiapine prolonged-release 600 mg; Lithium sulphate 124.5 mg; Mirtazapine 30 mg
Patient 4 Brexpiprazole 4 mg; Flurazepam 30 mg
Patient 5 Brexpiprazole 4 mg; Gabapentin 1800 mg; Lithium sulphate 166 mg; Mirtazapine 30 mg; Lorazepam 5 mg
Patient 6 Brexpiprazole 4 mg; Haloperidol 2 mg; Lorazepam 4 mg
Patient 7 Brexpiprazole 2 mg; Valproic acid 800 mg; Vortioxetine 20 mg; Pregabalin 150 mg; Flurazepam 30 mg

Figure 2. Brexpiprazole dosage and concomitant psychopharmachotherapy for each patient/die

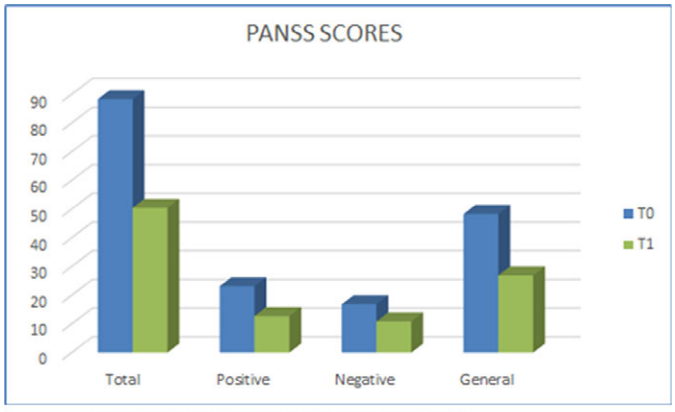

Figure 3. PANSS scores at admission (T0) and discharge (T1)

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Results can be seen in figures 1, 2, 3

Conclusions: Our study found a significant improvement in both positive and negative symptoms, with good tolerability. Limitations of our study are: small sample size and limited period of observation. These premises suggest that further research is needed in order to elucidate the exact mechanisms underlying Brexpiprazole's action and the possible implication in mood disorders.

Disclosure: No significant relationships.
Keywords: Brexpiprazole; psychopharmacology; Mood disorders; PSYCHOTIC DISORDERS

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Clinical Factors Associated with Violence Behavior in Persons with Schizophrenia Spectrum Disorders: A Case Control Study

N. Zavradashvili[1,2*] and O. Toidze[1]

[1]The University of Georgia, School Of Health Sciences, Tbilisi, Georgia and [2]East European University, Faculty Of Healthcare Sciences, TBilisi, Georgia
*Corresponding author.
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Introduction: Study of clinical risk factors of violent behavior in persons with schizophrenia still remains actual in research literature. This is especially important for Georgia as ongoing mental health reform aims to shift from institutional care to community based services, which in turn requires better understanmding and management of risk of aggressive behavior in the community.
Objectives: To study clinical risk factors for violence in persons with schizophrenia spectrum disorders (SSD) who have committed a violent act in the past and in persons with SSD who have not committed a violent act.
Methods: The survey design was retrospective case-control study. Case-control groups were defined according to the outcome (violent act in the past). We studied the impact of clinical symptoms on each person using standardized scales for assessment of the positive and negative symptoms and global level of functioning. Data were collected through patient interviews and medical records.
Results: Study results showed that diagnosis of delusional disorder and ideas of persecution were associated with increased risk of violence (28.7% cases versus 7.5% controls); Hallucinations if presented were less severe compared with controls (2.1% vs. 7.5%). Negative symptoms were marked in cases but more severe in controls. Of cases 43,6% showed serious impairment of global functioning (vs 25,5% controls).
Conclusions: Study findings confirmed that a focus on improving controllable clinical factors, including global level of functioning, might help to prevent aggressive behavior. It is discussed that developments and implementation needs-specific services to reduce risk of violence behavior should be prioritized by mental health national strategy plan.

Disclosure: No significant relationships.
Keywords: schizophrénia; violence behavior