

Descriptive analysis is used for quantitative questions, while thematic analysis covers qualitative questions.

Results: Data collection is currently ongoing and will finish in December 2022. Preliminary results will be presented at the conference.

Conclusions: Conclusions will be derived from the results. It is anticipated that the findings will be helpful in further developing the LTP programme and similar CFT programmes for psychosis.

Disclosure of Interest: None Declared

EPV1001

Alternative initiations with 6-monthly paliperidone palmitate. A descriptive study

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Introduction: 6-monthly paliperidone palmitate features an initiation regimen through 1-monthly paliperidone palmitate or 3-monthly paliperidone palmitate. Some patients don't have sufficient adherence to treatment and it is necessary at the clinical level to start directly with 6-monthly paliperidone palmitate. There is little clinical experience with these alternative initiations and through this work those that have been carried out for 12 months at the Rey Juan Carlos Hospital are exposed.

Objectives: The main objective of the study is to describe the alternative initiations performed with 6-monthly paliperidone palmitate in routine clinical practice, having opted for a regimen different from the standard for clinical reasons.

Methods: A retrospective selection of patients will be made through non-probabilistic consecutive sampling, including all patients who have been administered 6-monthly paliperidone palmitate with a standard different from the standard during the last 6 months. To do this, the electronic medical record will be used, first selecting the patients who have started 6-monthly paliperidone palmitate through the anonymized digital records and, later, including in the study only those who have followed an alternative initiation pattern. The variables studied will be the following: age, sex, diagnosis, dose of paliperidone palmitate, initiation regimen, consumption of toxic substances, absenteeism from 6-monthly paliperidone palmitate, visits to the emergency room and admissions.

Results: The study included a total of 5 patients (n=5). 80% of the patients were male and 20% were female. The mean age was 39.7 years. 80% of the patients had an associated substance use disorder. The following alternate starting schedules were with biannual paliperidone palmitate: monthly paliperidone palmitate 150 mg together with semi-annual paliperidone palmitate both on day 1 (n=2) or monthly paliperidone palmitate 150 mg on day 1, monthly paliperidone palmitate 100 mg on day 5 and semi-annual paliperidone palmitate on day 12 (n=3).

A total of 0 visits to the emergency department and 0 admissions were observed after the 6-monthly paliperidone palmitate regimen.

Conclusions: Alternative initiations with 6-monthly paliperidone palmitate may be a useful and safe clinical alternative in patients with very low adherence who, due to clinical needs, require starting 6-monthly paliperidone palmitate earlier in order to guarantee adherence.

Disclosure of Interest: None Declared

EPV1002

Suicidal risk in Latino patients with schizophrenia

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Introduction: Schizophrenia is a highly debilitating disorder afflicting more than 24 million individuals worldwide. In Mexico, the Ministry of Health estimates that it affects more than 1 million people. Suicide is one of the main causes of death among people diagnosed with schizophrenia, their risk is 12 times higher than in the general population

Objectives: To evaluate the clinical characteristics of schizophrenic patients at risk of suicide in the Latino population.

Methods: We included 130 patients recruited from genetics studies in Latino patients with schizophrenia from the outpatient and inpatient psychiatric ward of the University Hospital "Dr José E. González" in Monterrey, Nuevo Leon, Mexico. Beck Depression Inventory (BDI-II), the Convergent Functional Information for Suicidality (CFI-S) were applied to all participants. We compared the sociodemographic and clinical characteristics of patients with suicidal risk (measured by history of suicidal attempt or current suicidal risk) and present depressive episode.

Results: Of the 130 participants, 66.9% were male, the median age was 38 years. We found 11(14.3%) patients with suicidal risk and 119 (91.5%) without suicidal risk. Sociodemographic and clinical characteristics of the study population at risk of suicide are described in graphic 1. Patients with a history of suicide attempt scored higher on the CFI-S scale with a median of 0.5 (q1=0.45; q3=0.54) vs. 0.31 (q1=0.22; q3=0.45) (p=0.004)(Graphic 2). Based on the BDI-II we found 2.30% patients showed a mild depression, 20.0% moderate depression and 4.61% severe depression (graphic 3). Schizophrenic patients with a previous suicide attempt and depressive episode had higher score range in CFI-S, median .65 (q1=.65; q2=.59, p=0.000). Also, 63.60% were severely depressive (p=0.000) when they compared with patients with low risk of suicide. Schizophrenic patients with suicidal risk were characterized by: age >=60 years old, unemployment, no children, single, without religion, family history of suicide, previous suicide attempt, depressive episodes, substance abuse, auditory hallucinations and referential delusions.

Image:

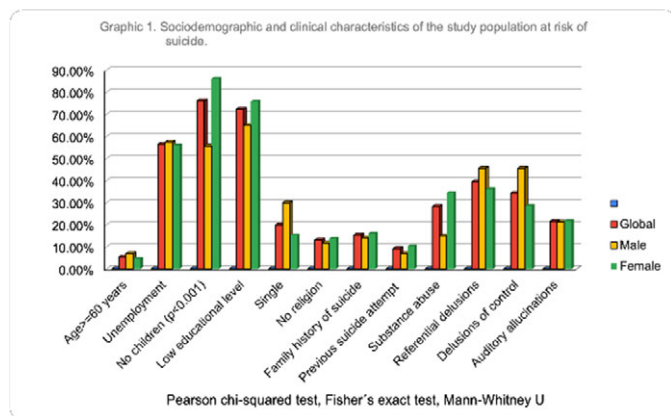


Image 2:

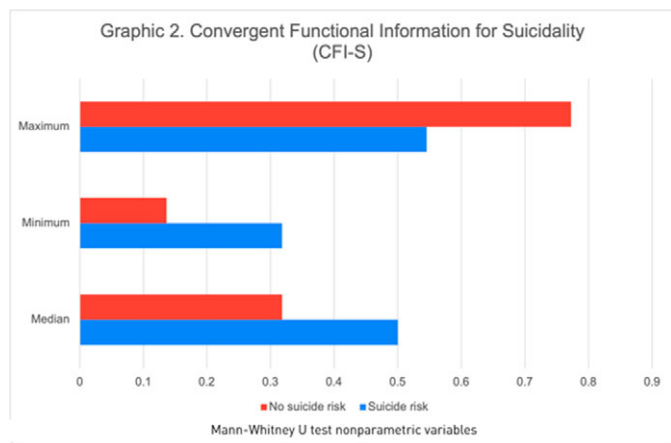
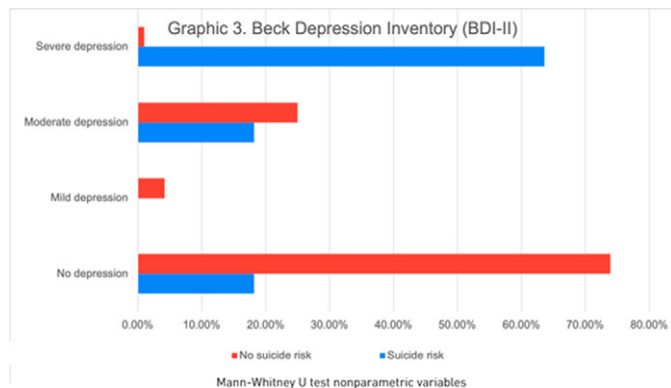


Image 3:



Conclusions: In our study with Latino population, we observed similar clinical characteristics predictive of suicide risk described in the international studies. Our study is relevant to applied preventive measures in groups of schizophrenic patients with risk factors and their relatives.

Disclosure of Interest: None Declared

EPV1003

The Influence of Substance Abuse on Inhibition Capacities and Risky Decision in a Group of Outpatient Schizophrenia Patients

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Introduction: Substance abuse is common among patients with schizophrenia, is related to worse course and outcome of illness. Unfortunately, little is known about how substance abuse affects the cognitive function of schizophrenia patients, whose cognitive function is often already comprised. Neurocognitive functioning includes inhibition control and decision-making, and both schizophrenia and substance use disorder are related to impairments of inhibition control. However, the influence of substance abuse on inhibition capacities among schizophrenia patients is unclear

Objectives: This study measured the influence of substance use disorder on inhibition capacities and risky decision-making in a group of 39 schizophrenia patients that were evaluated using a socio-demographic questionnaire and clinical assessment using the Positive and Negative Syndromes Scale for Schizophrenia. To assess inhibition control we utilized the Matching Familiar Figure Test (MFFT) and the Stroop task, and to evaluate decision-making we used the Iowa Gambling Task (IGT) and self-report questionnaire, the Barratt Impulsiveness Scale

Methods: Univariate analysis found significant differences between the groups with regard to criminal history ($v=5.97, p=0.015$), smoking status ($v=12.30, p<0.001$), and total BIS score ($t=2.69, df=37, p=0.01$). Our model did not find a significant effect of substance abuse on the first response time and number of errors on the MFFT or in the total interference index of Stroop performance and net score on risky decision-making in the IGT.

Results: The two groups did not differ significantly either in first response time or in number of errors on the MFFT ($F(1)=0.54, p=0.47, d=0.24, 95\% CI [-0.4, 0.88]$; $F(1)=0.28, p=0.60, d=0.61, 95\% CI [0, 1.26]$, respectively), nor did they differ in the total interference index of the Stroop task ($F(1)=0.49, p=0.49, d=0.25, 95\% CI [-0.38, 0.88]$).

Conclusions: The analyses did not detect any statistically significant effect of substance abuse on inhibition control or risky decision-making processes in outpatients diagnosed with schizophrenia, despite increased impulsivity, criminal history and smoking status. These results neither support nor disprove previous findings.

Disclosure of Interest: None Declared