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Introduction: Patients with schizophreniform disorder (SD) and schizophrenia present similar symptoms, however, SD has a shorter duration, varying between at least 1 month and 6 months.

Objectives: To describe and analyse Schizophreniform disorder related hospitalizations in a national hospitalization database.

Methods: We performed a retrospective observational study using a nationwide hospitalization database containing all hospitalizations registered in Portuguese public hospitals from 2008 to 2015. Hospitalizations with a primary diagnosis of schizophreniform disorder were selected based on International Classification of Diseases version 9, Clinical Modification (ICD-9-CM) code of diagnosis 295.4x. Birth date, sex, residence address, primary and secondary diagnoses, admission date, discharge date, length of stay (LoS), discharge status, and hospital charges were obtained. Comorbidities were analysed using the Charlson Index Score. Independent Sample T tests were performed to assess differences in continuous variables with a normal distribution and Mann-Whitney-U tests when no normal distribution was registered.

Results: In Portuguese public hospitals, a total of 594 hospitalizations with a primary diagnosis of Schizophreniform disorder were registered during the 8-year study period. Most were associated to the male sex patients, 72.1% (n=428). The mean age at admission was 35.99 years and differed significantly between sexes (males - 34.44; females - 40.19; p<0.001). The median LoS was 17.00 days and the in-hospital mortality was 0.5% (n=3). Only 6.1% (n=36) of the hospitalization episodes had 1 or more registered comorbidities.

Conclusions: Hospitalizations with a primary diagnosis of Schizophreniform disorder occur more frequently in young male patients. This is the first nationwide study analysing all hospitalization episodes in Portugal.

Disclosure: No significant relationships.

Keywords: Big Data; Administrative Database; hospitalization; Schizophreniform

EPP0622

The efficacy of cariprazine in chronic schizophrenia – post hoc analyses of phase II/III clinical trials

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Introduction: Chronic schizophrenia patients are experiencing persistent and severe illness for more than 15-20 years and are usually suffering from long-term negative symptoms. Cariprazine, a novel D₃-D₂ partial agonist has been proven to be effective in the

treatment of acute schizophrenia, however its ability to treat chronic patients has not been assessed yet.

Objectives: The primary aim of the present post-hoc analysis is to assess the efficacy of cariprazine in treating patients with chronic schizophrenia (late-stage and residual schizophrenia patients).

Methods: Data from 3 phase II/III 6-week, randomized, double-blind, placebo-controlled trials with similar design in patients with acute exacerbation of schizophrenia were pooled and patients with more than 15 years of schizophrenia were analysed (late-stage patients). Furthermore, schizophrenia patients experiencing predominantly negative symptoms from a 26-week, randomized, double-blind, active-controlled, fixed-flexible-dose trial with an ICD-10 code of F20.5 were analysed post-hoc (residual patients).

Results: Altogether, 414 late stage (286 cariprazine and 128 placebo) and 35 residual (23 cariprazine and 12 risperidone) patients were identified. The pooled analysis evaluating mean change from baseline to week 6 in the PANSS total score indicated statistically significant difference in favour of cariprazine in the late stage (LSMD -6.7, p<0.01) subpopulation compared to placebo. The mean change from baseline in patients with residual schizophrenia in the cariprazine arm was -9.6 on the PANSS-FSNS scale, while -7.9 in the risperidone arm.

Conclusions: Based on the results, it seems that cariprazine might be a good treatment option for patients with chronic schizophrenia. Nonetheless, further studies are needed to confirm this.

Disclosure: I am an employee of Gedeon Richter Plc.

Keywords: cariprazine; schizophrenia

EPP0623

Descriptive analysis of adherence to mindfulness-based group therapies: online versus face-to-face interventions

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Introduction: The use of technological supports in psychotherapeutic interventions has been widespread in recent years. Since the COVID-19 pandemic, the increase has been greater. The feasibility of online group interventions has been proved in previous studies. Research comparing dropout rates in group interventions with clinical population that include mindfulness training is infrequent.

Objectives: To compare the difference in dropout rates between online and face-to-face mindfulness-based group interventions.

Methods: This study was carried out in a Mental Health Unit in Colmenar Viejo (Madrid, Spain). One hundred thirty-five adult patients with anxiety disorders were included in group interventions (74 face-to-face; 61 online). The group treatments were Acceptance and Commitment Therapy and a Mindfulness-based Emotional Regulation intervention, during 8 weeks, guided by two Clinical Psychology residents. A descriptive analysis of dropout