Objectives: We recently demonstrated the efficacy of a 90-second social contact–based video intervention in reducing stigma. The current randomized controlled study presents four briefer videos differing in presenter's gender and race, with baseline, postintervention, and 30-day follow-up assessments. The study aimed to examine whether people changing their attitudes following the intervention.
Methods: Using a crowdsourcing platform (CloudResearch), we recruited and assigned 1,993 race and gender-balanced participants ages 18–35 years to one of four brief video-based interventions (Black female, White female, Black male, and White male presenters) or a nonintervention control condition. In the videos, a young presenter with psychosis humanized their illness through an evocative description of living a meaningful and productive life.
Results: Five-by-three ANOVA showed a significant group-by-time interaction for the total score of all five stigma domains: social distance, stereotyping, separateness, social restriction, and perceived recovery. A one-way ANOVA showed greater reductions in video intervention groups than control at postintervention and 30-day follow-up, but no differences between video groups.
Conclusions: This randomized controlled study replicated and extended previous research findings by showing stigma reduction across videos that differ in the presenter's gender and race, thus enhancing generalizability. The videos described the experience of psychosis and reduced stigma, suggesting their potential utility on social media platforms to increase the likelihood of seeking services and ultimately may improve access to care among young individuals with psychosis. Future research should address intersectional stigma experienced by culturally tailoring the narrative.

Disclosure: No significant relationships.
Keywords: intervention; schizophrénia; stigma; RCT

O0137

Clinical recovery is not a requirement for subjective well-being: a longitudinal study in older Dutch patients living with schizophrenia

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Introduction: Growing old with schizophrenia is a profound challenge. However, impact and course of the disorder vary widely among individuals. The recovery concept has inspired outcome evaluation. In older schizophrenia patients, research on recovery is limited and mainly cross-sectional.
Objectives: To compare 5-year outcome of clinical recovery (symptomatic remission and adequate community functioning) with outcome of subjective well-being (as a key element of personal recovery).
Methods: Our catchment-area based study sample consisted of 73 older Dutch schizophrenia patients (mean age 65.9 years; SD 5.4), including both community living and institutionalized patients regardless of the age of onset of their disorder.
Results: At baseline (T1) 5.5% of participants qualified for clinical recovery, while at five-year follow-up (T2) this rate was 12.3% ($p=0.18$, exact McNemar's test). Subjective well-being was reported by 20.5% of participants at T1, and by 27.4% at T2 ($p=0.27$, exact McNemar's test). Concurrent clinical recovery and subjective well-being was exceptional, being present in only one participant at T1 and in two participants at T2. Clinical recovery and subjective well-being were not correlated at T1 ($p=0.82$; phi=0.027), nor at T2 ($p=0.71$; phi= -0.044).
Conclusions: Transitions over time confirm a dynamic course of schizophrenia in later life, with room for improvement. In our sample, we found no linkage between clinical recovery and subjective well-being. Results suggest that while clinical recovery is relatively rare in older individuals with schizophrenia it is not a prerequisite to experience subjective well-being. In spite of ongoing symptoms a substantial number of older schizophrenia patients report subjective well-being and thus may find 'wellness within illness'.

Disclosure: No significant relationships.
Keywords: clinical recovery; Older Adults; Subjective Well-Being; schizophrénia

O0138

Impact of early onset of chronic physical multimorbidities on schizophrenia spectrum disorder treatment outcome

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Introduction: Despite of the heightened risks and burdens of physical comorbidities across the entire schizophrenia spectrum disorders (SSD), relatively little is known about physical multimorbidity (CPM) in this population. The study's main objective was to explore the differences in the CPM prevalence between SSD patients and the general population (GEP).
Objectives: The primary outcome was to explore the difference in CPM prevalence in the younger SSD and GEP groups (<35 years). The secondary outcome was the number of psychiatric readmissions.
Methods: This nested cross-sectional study enrolled 343 SSD patients and 620 GEP participants.
Results: Younger SSD patients had more than three-fold higher odds for CPM than GEP. We also demonstrated an association between the presence of CPM and the number of psychiatric admissions in the SSD population independently of possible confounders. We did not observe significant interaction of CPM and age in the prediction of clozapine use. Younger women with SSD had statistically significant, almost four-fold higher odds of CPM than women from GEP.

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Conclusions: This study suggests that women with SSD are at increased physical comorbidity risk compared to men, particularly early in the course of psychiatric illness. Our results highlight the importance of addressing physical health from the first contact with a mental health service to preserve general health, and provide the best possible treatment outcome. Treatment of SSD must be customized to meet the needs of patients with different physical multimorbidity patterns.

Disclosure: No significant relationships.
Keywords: Schizophrenia spectrum disorders; multimorbidity; physical comorbidities; rehospitalisation

O0139

Italian validation of Arizona Sexual Experience (ASEX) on patients suffering from psychotic spectrum disorders

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Introduction: Many forms of mental disorders, especially psychotic disorders are characterized also by a worsening of sexual functioning. Sexual dysfunction has been shown to significantly correlate with a longer duration of untreated psychosis and with heavier psychotic symptomatology.
Objectives: The aim of this study is to validate the Italian version of the Arizona Sexual Experience (ASEX), a very handy and reliable tool to assess sexual dysfunction, in a population of people suffering from psychotic spectrum disorders.
Methods: Seventy-three psychiatric patients were recruited and assessed for mental illness and sexual functioning. We administered the Italian version of ASEX, adequately translated by two expert bilinguals. After 15 days we administered once again the test for test-retest reliability.
Results: Validation of ASEX revealed Cronbach's coefficients >0.70 in both single items as in the total score. In addition, the test-retest reliability revealed Pearson's coefficients >0.50 in the various domains. Confirmatory factor analysis revealed good fit indexes for the two factors model of ASEX (SRMR=0.54; CFI=0.974; RMSEA=0.135).
Conclusions: This study represents the first validation in the Italian psychiatric context of a very useful specific tool for the sexual assessment in people suffering from mental illness. Our analysis revealed good psychometric characteristics in terms of confirmatory factor analysis, internal consistency, and test-retest reliability.

Disclosure: No significant relationships.
Keywords: ASEX; Psychosis; validation; sexual dysfunction

Schizophrenia and other Psychotic Disorders 3/ Neuroscience in Psychiatry

O0140

Health resource utilization, costs, and community treatment order status before and after the initiation of second-generation long acting-injectable antipsychotics in patients with schizophrenia in Alberta, Canada

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Introduction: Long-acting injectable (LAI) antipsychotics and community treatment orders (CTOs) are used in patients with schizophrenia to improve treatment effectiveness through adherence.
Objectives: Understanding healthcare resource utilization (HRU) and associated costs, and medication adherence in patients with schizophrenia overall and by CTO status before and after second generation antipsychotic (SGA) LAI initiation may guide strategies to optimize health.
Methods: A retrospective observational single-arm study using administrative data from Alberta was performed. Adults with schizophrenia who initiated SGA-LAI (index date) were included. Medication possession ratio (MPR) was determined; paired t-tests were used to examine differences in HRU and costs ($CDN) between the 2-year pre-index period and 2-year post-index period. Stratified analysis by presence or absence of an active CTO during the pre-post periods was performed.
Results: Among 1,211 patients who initiated SGA-LAIs, MPR was greater post-index (0.84) compared with pre-index (0.45; 95% confidence interval [CI] 0.36, 0.41). All-cause and mental health-related HRU and costs were lower post-index versus pre-index ($p < 0.001$); total all-cause HRU costs were $33,788 lower post- versus pre-index ($40,343 [standard deviation, SD $68,887] versus $74,131 [SD $75,941], 95% CI [-$38,993, -$28,583]), and total mental health-related HRU costs were $34,198 lower post- versus pre-index ($34,205 [SD $63,428] CDN versus $68,403 [SD $72,088] CDN, 95%CI [-$39,098, -$29,297]). Forty-three percent had ≥1 active CTO during the study period; HRU and costs varied according to CTO status.
Conclusions: SGA-LAIs are associated with improved adherence, and lower HRU and costs however the latter vary according to CTO status.

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Keywords: LONG ACTING ANTIPSYCHOTIC INJECTION; HEALTH RESOURCE UTILIZATION; COMMUNITY TREATMENT ORDER; schizophrénia