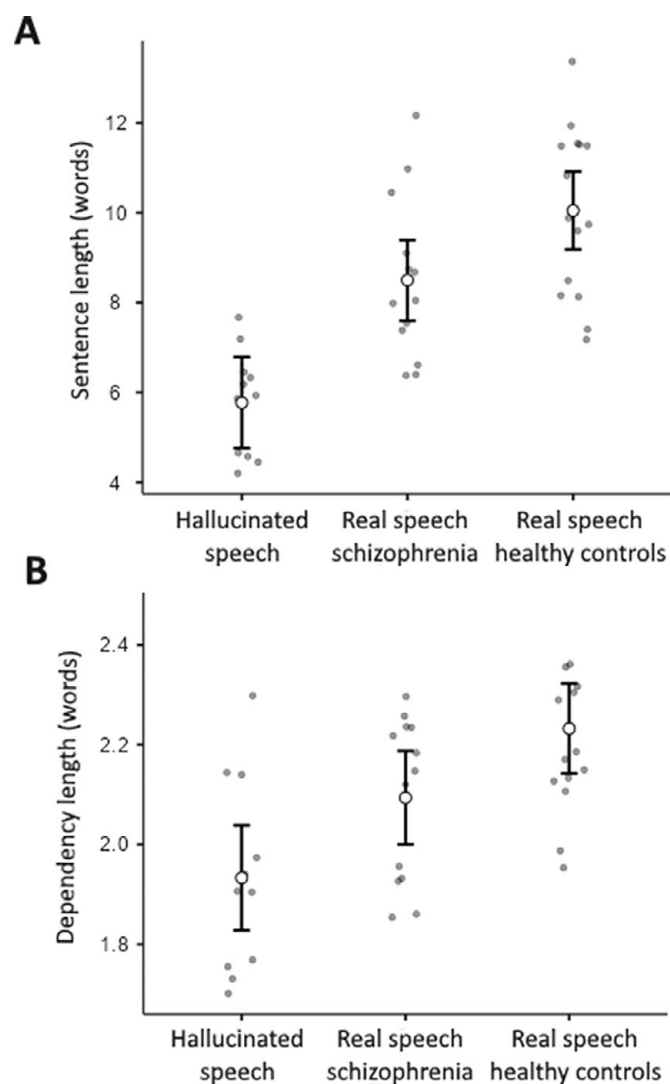


Image 1:



Conclusions: From our data AVH mainly (though not exclusively) take the form of short and simple sentences. These features are not explained by presence of insults and commands.

Disclosure of Interest: None Declared

EPP443

Clozapine: prescribing practices in French psychiatric hospitals, multicenter survey on a given day

D. Espeillac¹, E. Queuille^{2,3} and R. Klein^{1*}

¹Haute-Garonne, Ferrepsy, Toulouse; ²Gironde, CH Charles Perrons, Bordeaux and ³Nord, Association du réseau PIC, Armentieres, France
*Corresponding author.

doi: 10.1192/j.eurpsy.2025.715

Introduction: Efficacy of clozapine has now been proven for all symptoms of resistant schizophrenia. Yet it remains underused in

view of the prevalence of drug resistance and unevenly prescribed worldwide despite a general trend towards increasing prescribing (Bachmann et al. Acta Psychiatr Scand 2017; 1-15). Data on hospital clozapine prescribing in France are older and single-center (Mercier et al. L'Encéphale 2009; 35, 321-329). Collaboration between a national multi-professional network (pharmacist, general practitioner, psychiatrist) working in various public or private mental health establishments (the PIC network) and a regional psychiatric research federation (FERREPSY Occitanie) has enabled a broad and up-to-date study of practices.

Objectives: To assess the prevalence of clozapine prescribing among patients hospitalised in full-time psychiatry on a given day. To assess the prevalence of clozapine prescribing in inpatients with a diagnosis of non-organic psychotic disorder (ICD 10: F20-F29). To study the characteristics of patients treated, prescribing methods and clinical monitoring.

Methods: A cross-sectional observational study was carried out in December 2023 with teams from establishments belonging to the PIC and/or FERREPSY network who had volunteered.

Results: 30 centers took part in the study, with a total of 795 patients included. The average age was 44.1 years (66% men and 34% women). 14.05% of hospitalised patients were receiving clozapine treatment on the day of the survey. 25.07% of patients with a diagnosis of non-organic psychotic disorder were receiving clozapine treatment. 26.83% of clozapine prescriptions were off-label, mainly for patients with mood disorders. 91.94% of patients had had their blood pressure measured in the quarter preceding the survey, and 91.82% had been weighed. Conversely, only 31.94% had their umbilical circumference measured.

Conclusions: This study found that the prevalence of prescribing among patients with non-organic psychotic disorders in the hospital was higher than expected, according to European data on clozapine prescription. Further data on outpatient use are still required.

Disclosure of Interest: None Declared

EPP444

Sex-related differences in long-term tolerability of Risperidone ISM treatment in adult patients with schizophrenia

J. Martínez González^{1*}, C. Sherif², L. Anta Carabias¹, M. Almendros Gimenez¹, C. Salazar García¹ and C. U. Correll^{3,4,5,6,7}

¹Medical Department, Laboratorios Farmaceuticos ROVI S.A., Madrid, Spain; ²Medical Affairs, ROVI Biotech Ltd., Croydon, United Kingdom; ³Department of Psychiatry and Molecular Medicine, Donald and Barbara Zucker School of Medicine at Hofstra/Northwell, Hempstead, NY; ⁴Department of Psychiatry Research, The Zucker Hillside Hospital, Glen Oaks, NY, United States; ⁵Department of Child and Adolescent Psychiatry, Charité Universitätsmedizin Berlin, Berlin, Germany; ⁶Center for Psychiatric Neuroscience, The Feinstein Institute for Medical Research, New Hyde Park, NY, United States and ⁷German Center for Mental Health, Partner Site Berlin, DZPG, Berlin, Germany
*Corresponding author.

doi: 10.1192/j.eurpsy.2025.716

Introduction: Sex-related differences in antipsychotic treatment exist with some specific differences having been reported with risperidone use. Women may respond better to antipsychotics than men, but also experience more side effects. In a randomised

controlled trial of 1460 participants, a significantly higher proportion of female than male study participants treated with risperidone reported greater rates of gynecomastia/galactorrhoea and incontinence/nocturia. There is a call to consider sex differences in mental health research [Galbally et al. *CNS Drugs* 2024; 38(7):559-570]. Risperidone ISM (Risp-ISM) is a monthly long-acting injectable (LAI) formulation of risperidone, recently authorised in Europe, USA and some other countries.

Objectives: To investigate the sex-related differences in the safety of Risp-ISM in patients with schizophrenia during the PRISMA-3 study.

Methods: A post-hoc analysis was performed on the PRISMA-3, 12-month open-label extension (OLE) study (NCT03870880) data [Filts et al. *Schizophr Res.* 2022; 239:83-91 [published correction in *Schizophr Res.* 2022; 246:258-259]].

Results: 215 patients received at least one dose of Risp-ISM. 84 (39%) were female. 66 (78.57%) females and 100 (76.33%) males experienced a treatment-emergent adverse event (TEAE). A lesser proportion of treatment-related (TR) TEAEs were experienced by females (F:45%; M:55%).

Overall, the most frequently reported (in $\geq 2\%$ cases) TR-TEAEs are shown in Figure 1 and those leading discontinuation in Table 1. No cases of incontinence/nocturia were reported in either sex.

Image 1:

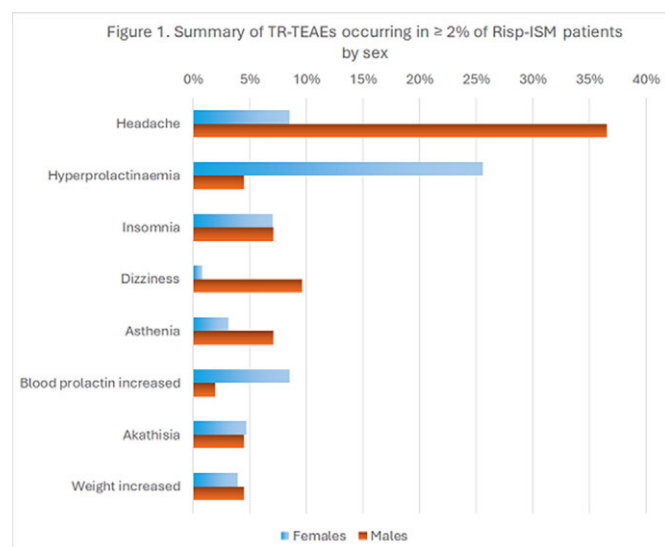


Image 2:

Table 1. Summary of treatment-related TEAEs leading to study drug discontinuation and their overall incidence by sex.

	Females		Males	
	Overall incidence n (%)	Incidence leading to discontinuation n (%)	Overall incidence n (%)	Incidence leading to discontinuation n (%)
Akathisia	6 (4.65)	0 (0)	7 (4.49)	1 (0.64)
Diabetes mellitus	1 (0.78)	1 (0.78)	0 (0)	0 (0)
Extrapyramidal disorder	4 (3.1)	1 (0.78)	0 (0)	0 (0)
Gynaecomastia	0 (0)	0 (0)	1 (0.64)	1 (0.64)
Hepatic steatosis	1 (0.78) ^a	1 (0.78)	0 (0)	0 (0)
Hepatocellular injury	1 (0.78) ^a	1 (0.78)	0 (0)	0 (0)
Libido decreased	1 (0.78)	0 (0)	2 (1.28)	1 (0.64)
Weight increased	5 (3.88)	1 (0.78)	7 (4.49)	0 (0)

^a Both TR-TEAEs occurred in the same participant

Conclusions: Relating to the use of Risp-ISM, a lesser proportion of TR-TEAEs were experienced by females than males (45% vs 55%). Male participants were more likely to report dizziness and headache. Females were more likely to report raised blood prolactin and hyperprolactinaemia. This is in line with the findings in a large study which reported a significantly greater increase in prolactin levels among female participants [Galbally et al. *CNS Drugs* 2024; 38(7):559-570]. Very few participants discontinued Risp-ISM following a TR-TEAE (7/215 [3.3%]) during this 12-month extension phase [Filts et al. *Schizophr Res.* 2022; 239:83-91. [published correction in *Schizophr Res.* 2022; 246:258-259]].

Disclosure of Interest: J. Martínez González Employee of: Laboratorios Farmaceuticos ROVI S.A., C. Sherifi Employee of: ROVI Biotech Ltd., L. Anta Carabias Employee of: Laboratorios Farmaceuticos ROVI S.A., M. Almendros Gimenez Employee of: Laboratorios Farmaceuticos ROVI S.A., C. Salazar García Employee of: Laboratorios Farmaceuticos ROVI S.A., C. Correll Shareholder of: Cardio Diagnostics, Kuleon Biosciences, LB Pharma, Mindpax, and Quantic., Grant / Research support from: Janssen and Takeda., Consultant of: AbbVie, Acadia, Alkermes, Allergan, Angelini, Aristo, Biogen, Boehringer-Ingelheim, Cardio Diagnostics, Cerevel, CNX Therapeutics, Compass Pathways, Darnitsa, Denovo, Gedeon Richter, Hikma, Holmusk, IntraCellular Therapies, Jamjoom Pharma, Janssen/J&J, Karuna, LB Pharma, Lundbeck, MedAvante-ProPhase, Med-InCell, Merck, Mindpax, Mitsubishi Tanabe Pharma, Mylan, Neurocrine, Neurelis, Newron, Noven, Novo Nordisk, Otsuka, Pharmabrain, PPD Biotech, Recordati, Relmada, Reviva, Rovi, Sage, Seqirus, SK Life Science, Sumitomo Pharma America, Sunovion, Sun Pharma, Supernus, Takeda, Teva, Tolmar, Vertex, and Viatrix.

EPP445

Copenhagen prodromal study III : Long term stability of self-disorders

S. Ørsted^{1*}, M. G. Henriksen² and J. Nordgaard²

¹Mental Health Center Amager and ²Psychiatry Region Zealand, University of Copenhagen, Copenhagen, Denmark

*Corresponding author.

doi: 10.1192/j.eurpsy.2025.717

Introduction: Detailed knowledge on prognostic predictors and illness trajectories of many mental disorders, especially schizophrenia spectrum disorders, is needed towards implementation of more personalized treatment.

A potential candidate to predict prognosis and illness trajectories is self-disorders. Self-disorders are non-psychotic symptoms that seem to be present years prior to illness onset and to persist after remission from psychotic episodes. Self-disorders describe a fundamental disturbance of consciousness and can be assessed with the *Examination of Anomalous Self-Experiences* (EASE) scale.

We know from previous studies that self-disorders are non-psychotic symptoms central to schizophrenia spectrum disorders.

Objectives: The purpose of this study is to examine if self-disorders are related to clinical and functional outcome as well as illness trajectories and life courses.

We will test if high levels of self-disorders at baseline predict worse outcome in terms of psychopathology, social function, recovery, more malignant illness trajectories and life courses for the individual patient.