Methods: We selected a convenience sample of 8 patients with a first diagnosis of ATPD (F23, ICD-10), currently or previously treated at Unidade Local de Saúde Amadora/Sintra. Data was collected from electronic health records, including demographic information, clinical presentation, treatment, and disease course. Additionally, we conducted a non-systematic literature review.
Results: The sample consisted of 6 females and 2 males, with a median age at diagnosis of 44.5 years (min=24, max=64). Fifty percent (n=4) were migrants, with 25% (n=2) coming from lower-middle- and low-income countries. Sixty-two point five percent (n=5) received inpatient care (mean stay of 8.6 days). Most patients (87.5%, n=7) were treated with dopamine D2 receptor antagonists/partial agonists, risperidone being the most common (n=4); one patient achieved spontaneous remission. All patients had a sudden onset of symptoms; the clinical picture was primarily marked by delusions, hallucinations, confusion, psychomotor abnormalities (including catatonia signs) and mood disturbances (mainly anxiety). The mean duration of the episode was 23.2 days. All patients fully remitted and returned to their premorbid functional status. Sixty-two point five percent (n=5) experienced a second episode after a mean of 33.2 months, and 25% (n=2) had a change in diagnosis (bipolar disorder and unspecified psychosis).
Conclusions: Despite the small sample and follow-up variability, our findings highlight ATPDs' clinical heterogeneity and high recurrence rates. A renewed research effort is necessary to refine diagnostic criteria and investigate treatment responses, risk factors, and long-term prognosis of this disorder, in order to improve therapeutic strategies and patient outcomes in clinical practice.

Disclosure of Interest: None Declared

EPV1801

Beyond clozapine – what options do we have in clozapine resistant schizophrenia?

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Introduction: Schizophrenia is one of the most disabling mental disorders, affecting around 1% of the population. Although most patients respond to antipsychotic treatment, one third have a limited response to antipsychotic medication, being considered treatment resistant schizophrenia (TRS). Clozapine is the only effective medication for TRS, but 30-40% of TRS patients do not respond to it. Patients with schizophrenia who do not respond to clozapine experience more severe disability, persistent symptoms, a lower quality of life and incur higher economic costs compared to those who respond to treatment.
Objectives: The aim of the present study is to review evidence for therapeutic strategies for patients with treatment-resistant schizophrenia not responding to clozapine.
Methods: Review of the literature regarding treatment-resistant schizophrenia not responding to clozapine. The research was carried out through the PubMed® database, using the terms "treatment resistant schizophrenia", "schizophrenia resistant to clozapine" and "clozapine augmentation".
Results: For patients with treatment-resistant schizophrenia who do not respond to clozapine, several therapeutic strategies have been explored. These include pharmacological approaches, non-pharmacological interventions and brain stimulation procedures [Electroconvulsive Therapy (ECT) and Transcranial Magnetic Stimulation (TMS)]. However, the evidence is weak and the reported benefits were modest.
Conclusions: The current evidence is weak for efficacy of pharmacological augmentation strategies to clozapine. There are contradictory data regarding ECT and clozapine augmentation. More studies are necessary to clarify the potential of these strategies in order to manage these complex patients.

Disclosure of Interest: None Declared

EPV1802

Time to the first relapse after the transcranial magnetic stimulation with H7-coil in patients with predominant negative symptoms of schizophrenia; A randomized, sham controlled trial

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Introduction: Patients with predominant negative symptoms of schizophrenia experience severe functional impairment and limited response to pharmacological treatments. Transcranial magnetic stimulation (TMS) has shown potential for treating negative symptoms, but its impact on long-term outcomes, such as time to relapse, remains underexplored.
Objectives: This study aimed to determine whether TMS with an H7-coil prolongs time to first relapse compared to sham stimulation in patients with low positive symptomatology and predominant negative symptoms.
Methods: This study was a randomized, sham-controlled trial at the Psychiatric Clinic Sveti Ivan, Zagreb, Croatia. The target population were patients with PANSS negative symptoms score > 24 and PANSS positive symptoms score < 20, on stable pharmacotherapy for at least three months The intervention group received high-frequency TMS with an H7-coil, while the control group received sham stimulation, both applied once daily for 20 sessions over four weeks. The outcome was time to first psychiatric relapse, defined as psychiatric rehospitalization. Kaplan-Meier survival curves, log-rank tests, and Cox proportional hazards models were used for statistical comparisons.
Results: A total of 76 outpatients with schizophrenia, aged 18-55 were included; 33% were women. Over the 12-month follow-up, 29% in the H7 group and 24% in the sham group experienced a relapse. The median time to relapse was not reached in either group. The hazard ratio (HR) for relapse in the H7 group relative to sham was 0.82 (95% CI 0.34; 1.97), suggesting no significant effect of TMS on delaying relapse. Adjusted Cox regression model for age, gender, baseline severity of negative and positive symptoms, pharmacotherapy, and number of prior hospitalizations showed similar results (HR = 0.85, 95% CI 0.30; 2.46, p = 0.769). Significant predictors of relapse were baseline severity of negative symptoms (HR = 0.88, 95% CI 0.79; 0.99, p = 0.026) and the number of prior hospitalizations (HR = 1.81, 95% CI 1.16; 2.82, p = 0.009).

Conclusions: No significant effect of H7-coil TMS on delaying relapse was observed in patients with schizophrenia and predominant negative symptoms. Median survival was not reached in either group, suggesting the need for longer follow-up to fully evaluate potential benefits. Baseline severity of negative symptoms and prior hospitalizations should be considered when assessing relapse risk in this patient population.

Disclosure of Interest: None Declared

EPV1803

Association of negative symptom dimensions with sleep efficiency in schizophrenia patients with predominant negative symptoms

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Introduction: Negative symptoms, such as avolition, blunted affect, or alogia, contribute to functional disability and reduced quality of life in schizophrenia. Patients with predominant negative symptoms and minimal positive symptoms represent a distinct subgroup requiring tailored therapeutic strategies. Sleep disturbances, particularly reduced sleep efficiency, are commonly reported in this population and may exacerbate the severity of negative symptoms. Understanding the differential impact of specific negative symptoms on sleep efficiency could inform individualized approaches for improving otucomes.
Objectives: To explore associations between distinct dimensions of negative symptoms and sleep efficiency in schizophrenia patients with predominant negative symptoms and low positive symptoms.
Methods: This analysis used baseline data from a randomized, sham-controlled trial on the efficacy of transcranial magnetic stimulation in schizophrenia, conducted between 2000 and 2023. The study included patients with PANSS negative subscale score > 24 and PANSS positive subscale score < 20. The outcome variable was the sleep efficiency subscale of the Pittsburgh Sleep Quality Index. Independent variables were the five SANS dimensions: blunted affect, alogia, avolition(/apathy, anhedonia/asociality, and attention impairment. Quantile regression was used to assess associations, and robust standard errors were applied.
Results: We included 76 patients (median age 36 years, 33% women). Alogia was positively associated with sleep efficiency (β = 4.41, p = 0.040), while avolition (β = -3.61, p = 0.014) and attention impairment (β = -4.12, p = 0.041) were negatively associated. Blunted affect and anhedonia/asociality were not significantly associated with sleep efficiency.
Conclusions: Distinct negative symptom dimensions show differential associations with sleep efficiency in schizophrenia patients with predominant negative symptoms. Alogia's association with better sleep efficiency may reflect reduced mental arousal and fewer ruminative thoughts before sleep. Conversely, avolition and impaired attention may worsen sleep through increased inactivity and fragmented sleep patterns. These findings suggest that targeted therapeutic interventions may be necessary to optimize sleep and overall clinical management in this subgroup of patients. Further studies are needed to explore underlying mechanisms and clinical implications of the presented associations.

Disclosure of Interest: None Declared

EPV1804

Validation of the Lithuanian version of the Brief Negative Symptoms Scale

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Introduction: Negative symptoms of schizophrenia include abulia, anhedonia, alogia, blunted affect, and social isolation. These symptoms strongly correlate with health-related quality of life and treatment outcomes. (Azaiez et al., 2018; Galderisi et al., 2018; Kirkpatrick et al., 2006). According to current negative symptoms diagnosis and treatment guidelines, the Brief Negative Symptom Scale (BNSS) is the instrument of choice for the psychometric evaluation of negative symptoms (Galderisi et al., 2021). Unfortunately, BNSS was not available in Lithuania.
Objectives: To validate the Lithuanian version of the BNSS in a Lithuanian-speaking sample.
Methods: We performed a double translation from English to Lithuanian and then back to English. The final version of the Lithuanian BNSS (Lit-BNSS) was finalized according to comments from two native Lithuanian-speaking experts, who evaluated the forward translation, and the representatives of the authors of the BNSS, who evaluated the back translation. We performed a validation study in an inpatient setting in a university hospital in Lithuania and asked patients diagnosed with schizophrenia spectrum diagnosis according to ICD-10 to participate in the study. We evaluated the included patients with the Positive and Negative Symptoms Scale (PANSS), Montgomery Asberg Depression Rating Scale (MADRS), Self-Evaluation of Negative Symptoms Scale (SNS), and Calgary Depression Scale for Schizophrenia (CDSS). PANSS Marder factors were calculated for more accurate PANSS scores. We check the convergent validity with the Marder negative symptoms factor, the total score of SNS, and the discriminant validity with the Marder positive symptoms factor, MADRS, and CDSS total scores.
Results: The study included 122 patients. The Lit-BNSS showed great internal consistency for the 13 items (α=0,944) and good consistency for six subscores (α=0,874). Convergent validity was good, with the total score of Lit-BNSS having a strong positive correlation with the Marder negative symptoms factor and a weaker correlation with the SNS total score. Discriminant validity was adequate because there were insignificant correlations with MADRS and CDSS subscores and the Marder positive symptoms factor. Correlation scores can be seen in Table 1.