

experiences, resource exchange, and diverse perspectives from patients, family members, and service providers. Participants appreciated the integration of these perspectives as a positive aspect of the café experience.

**Conclusions:** The cafés offer a novel approach to psychoeducation by focusing on the well-being of the entire family, their mutual caregiving investments, and challenges in navigating social and institutional environments. Participants valued the process for addressing isolation, and engagement with others with similar experiences may have helped reduce stigma, though this was less clear. Future research could explore the long-term outcomes of single or repeated café experiences.

**Disclosure of Interest:** None Declared

## Schizophrenia and Other Psychotic Disorders

### EPP251

#### Cariprazine & clozapine: A systematic review of a promising combination in the management of treatment-resistant schizophrenia

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**Introduction:** Up to 30-70% of patients with treatment-resistant schizophrenia (TRS) remain symptomatic despite gold standard treatment, clozapine. To date, commonly used antipsychotics have demonstrated little therapeutic benefit as augmenting agents in comparison to placebo. Emerging evidence suggests that novel D2-D3 partial agonist cariprazine is a promising augmentation strategy to clozapine for TRS. **Objectives:** This systematic review aims to collect the available real-world evidence of effectiveness and tolerability of cariprazine and clozapine combination treatment.

**Methods:** A systematic review was performed using PubMed, MEDLINE, EMBASE and Cochrane databases from January 2017 until September 2024 for cases where cariprazine was used as an augmentation strategy for clozapine with the following terms: (cariprazin\*) AND (clozapin\*) AND ('case report\*' OR 'case report'/de OR 'case stud\*' OR 'case study'/de OR 'case seri\*' OR 'add-on' OR augmentation OR combin\*).

**Results:** After removal of duplicates, 108 studies were retrieved, of which 20 studies were included (one prospective pilot study and 19 case reports). Total cases comprised of 47 patients (30 male, 17 female), with diagnoses of schizophrenia (n=40), schizoaffective disorder (n=6) and emotionally unstable personality disorder (EUPD) and autism spectrum disorder (n=1). Patients were treated with clozapine (dose range 37.5-850 mg/day) and cariprazine (doses 1.5-6.0 mg/day) for a median of 122 days (range 18-456). Although a variety of subjective and objective outcome measures were employed, cariprazine was generally found to be a well-tolerated and effective adjunct to clozapine in a wide range of different symptom profiles; demonstrating efficacy across positive, negative and affective symptoms, quality of life and global functioning in the majority of cases. Additional benefits of weight loss and improving commonly experienced adverse side effects of clozapine were also

frequently reported. In 3 cases cariprazine augmentation did not improve symptomatology, whereas in 6 cases the combination resulted in the exacerbation of different symptoms such as anxiety or restlessness.

**Conclusions:** By targeting different receptors, cariprazine and clozapine appear to act synergistically allowing for a well-tolerated and effective antipsychotic combination. Large-scale RCTs are warranted to further evaluate its effectiveness compared to placebo.

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### EPP252

#### Predominant negative symptoms in female schizophrenia in-patients: An observational study

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**Introduction:** Negative symptoms are a key aspect of schizophrenia, significantly impacting a patient's functioning and quality of life. Although hospitalizations are often associated with positive symptoms, negative symptoms can also dominate the clinical picture in in-patients. Female patients are usually underrepresented in schizophrenia studies.

**Objectives:** To analyse the changes of negative symptoms in female in-patients.

**Methods:** This was an observational study with data recorded at hospital entry and release. Adult inpatients with a schizophrenia diagnosis according to the International Classification of Diseases 10th edition who exhibited predominant negative symptoms according to clinical judgement were included. Patients received pharmacological and some non-pharmacological treatment as usual.

The primary outcome measure was the modified Short Assessment of Negative Domains (m-SAND), an anamnesis-based scale that is composed of 7 items: two positive items (delusions and hallucinations) and five negative items (anhedonia, alogia, avolition, asociality and affective flattening). Each item is rated from 0 to 5 (not observed; mild; moderate; moderately severe; severe; and extreme). Other measurements included the Self-evaluation of Negative Symptoms (SNS).

Least squares (LS) means were calculated for the change from baseline to final visit using a mixed model for repeated measures (MMRM).

**Results:** 63 female patients were included in the study. The mean age was 41.6 years with 14.2 years of mean duration of illness. All patients had predominant negative symptoms, in fact, 65% of them was hospitalized because of it. 30% of the patients also had secondary negative symptoms, mainly due to positive symptoms. The mean duration of hospital stay was 38 days. All patients received pharmacotherapy. At baseline, 9.5% were on cariprazine monotherapy and 84.1% on cariprazine combined with another