

Introduction: There is evidence that metabolic syndrome (MetS) is common in chronic psychosis but also exists in the early stages.

Objectives: To study the prevalence and course of MetS over a period of 2 year after a first episode psychosis. To determine whether there may be differences in its prevalence according to the type of antipsychotic used over two years.

Methods: A sample of 300 patients participate in the PEPsNa Early Intervention Programme. SMet was determined at baseline and at 6, 12, 18 and 24 months. The type of antipsychotic used at each assessment moment is collected (none, aripiprazole, paliperidone, others). Adult Treatment Panel III (ATP III) criteria were used to define MetS.

Results: The prevalence of MetS at baseline is 4.44% and increases to 7.96% at 6 months, 10.1% at 12 months, 8.62% at 18 months and 9.01% at 24 months. The prevalence of MetS increases at 6 ($p<0.021$) and 12 months ($p<0.003$) compared to baseline and then remains stable. Only at 6 months assessment there are significant differences (F-Fischer $p<0.022$) in the presence of MetS (15.8%) in the paliperidone group treatment (oral or LAI).

Conclusions: Metabolic syndrome (MetS) exists from the early stages of psychosis and increases in the first 6-12 months and remains stable thereafter. The type of antipsychotic treatment only seems to have an influence at 6 months, with no differences at other follow-up times.

Disclosure: No significant relationships.

Keywords: First-episode psychosis; metabolic syndrome; antipsychotic treatment

EPP0366

Research of time processing disorder within the investigation of specific traits of schizophrenia

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Introduction: Schizophrenia is essentially related to one's self-perception and the relationship to the world. One possible explanation for symptoms of schizophrenia in activities is the disruption of timing, which can develop into a disorder of activity perception and attribution.

Objectives: Our study aimed to investigate the specificity of time perception disorder within the schizophrenia-bipolar spectrum, within the time interval around one second.

Methods: In the study, N = 15 schizophrenic (M = 37.28 years, SD = 9.49 years), N = 9 bipolar (M = 49.44 years, SD = 8.48 years), N = 10 schizoaffective (M = 41.32 years, SD = 10.75 years) patients with compensated clinical condition and N = 28 healthy control subjects (M = 36.5 years, SD = 9.9 years) participated. Time processing was examined with a perceptual (discrimination) and a productive (synchronization) task.

Results: Concerning the interval discrimination, patients with schizophrenia and schizoaffective disorder lag behind controls in the majority of indicators (0.373–0.772). In terms of production

and reproduction, the deviation of schizoaffective patients indicates a moderate difference, but subjects with schizophrenia show a large effect size, and subjects with bipolar disorder demonstrate a small effect size.

Conclusions: Our results suggest that the schizophrenic group exhibits a comprehensive time-processing disorder and in this respect can be distinguished from the bipolar affective and the control group. People with schizoaffective disorder show an intermediate performance in reproduction between the schizophrenic and bipolar groups, while in the case of discrimination deficit, they approach schizophrenics.

Disclosure: No significant relationships.

Keywords: subjectivity; schizophrenia-bipolar spectrum; interval discrimination; interval production

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Late-onset schizophrenia patients with social phobia receive higher doses of antipsychotics compared patients without social phobia: results of an observational study

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Introduction: Social phobia is frequent comorbidity in schizophrenia. It's clinical correlates and consequences for clinical practice in late-onset schizophrenia (LoS) are unclear.

Objectives: The study aimed to compare clinical correlates and therapeutic options in LoS patient with and without social phobia.

Methods: 16 LoS patients with social phobia (ICD-11 diagnosis, age 59.6 ± 6.2 , 25% males) were compared with 16 LoS patients without social phobia (69.9 ± 10.9 , 0% males). Results of clinical assessment (PANSS, HDRS-17), cognitive examination (MMSE, MoCA), CT data were analysed. Type of antipsychotics (conventional/conventional) was registered, dose of antipsychotics and antidepressants was ranged from 1 (low) to 3 (high). Mann-Whitney test and χ^2 statistic was used.

Results: There was no group differences in age, age manifestation, illness duration, number of psychotic episodes, PANSS and HDRS scores, rates results of cognitive tests, atrophy scores, length of hospital state, types of received antipsychotics. LoS patients with social phobia received more frequently medium and high doses of antipsychotics than LoS patient without social phobia ($\chi^2 (2) = 6.432$, $p = 0.040$).

Conclusions: Increased doses of antipsychotics in patients with social phobia don't correlate with severity of psychotic symptoms and may reflect some treatment resistance as well as misinterpretation of symptoms of social phobia as insufficient retreat of the psychosis. Active detection of social phobia is significant for treatment optimization.

Disclosure: No significant relationships.

Keywords: old age; late onset schizophrenia; antipsychotics; social phobia