Treatment clinical outcomes after 10-year follow-up

N = 688	Mental Health Units (N = 344)	Case Management Program (N = 344)	χ^2; P value
Treatment discontinuation (N (%))	150 (43.6)	42 (12.1)	26.16; < 0.0001
CGI-S (Av (SD))	3.9 (1.1)	3.1 (0.9)	7.63; < 0.005
Hospitalization (N (%))	160 (46.5)	60 (17.4)	10.54; < 0.0001
Hospitalization (Av (SD))	3.2 (3.4)	0.9 (0.3)	13.23; < 0.0001
Involuntary hospital. (N (%))	34 (9.9)	5 (1.4)	28.01; < 0.0001
Involuntary hospital. (Av (SD))	0.5 (0.3)	0.01 (0.2)	21.31; < 0.0001
Suicide attempt (N (%))	85 (24.7)	20 (5.8)	10.54; < 0.0001
Num. suicide attempts (Av (SD))	0.3 (0.1)	0.07 (0.02)	11.32; < 0.0001

N: number of patients %: percentage of patients Av: average SD: standard deviation
: basal (at beginning of program) **: standard treatment *: Program treatment*

Conclusions: The treatment of patients with severe schizophrenia in a multicomponent, case-managed program recorded higher compliance and effectiveness compared to standard care. Treatment with LAI antipsychotics was linked to these outcomes. A combination of case management, psychosocial approach, and LAI AP medication contributed more to the achievement of clinical goals in these patients than the standard treatment and oral APs.

Disclosure of Interest: None Declared

EPP438

Reconsidering evidence for psychedelic-induced psychosis: An overview of reviews, a systematic review, and meta-analysis of human studies

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Introduction: Persons with schizophrenia are currently excluded from psychedelic-assisted therapy due to concerns about psychedelic-induced acute or persistent psychotic symptoms. However, meta-analytic evidence of the precise risk for psychedelic-induced de novo and exacerbation of psychosis in people with pre-existing psychotic disorders is lacking.
Objectives: We conducted an overview of reviews, systematic review, and meta-analysis to examine the incidence of psychedelic-induced psychosis and the exacerbation of psychotic symptoms in schizophrenia.
Methods: Our pre-registered protocol (CRD42023399591) covered: LSD, psilocybin, mescaline, DMT, and MDMA. Embase, PubMed, PsyARTICLES, PsyINFO, and trial registries were searched from inception until 11/2023.
Results: The incidence of psychedelic-induced psychosis was computed using a random-effects model, and standardized assessments of study quality was performed. We retained 131 publications: 14 systematic reviews, 20 reviews, 35 randomized-controlled trials (RCTs), 10 case-control studies, 30 uncontrolled trials (UCT), and 22 cohort studies with overall low study quality. The meta-analysis included nine studies. Incidence of psychedelic-induced psychosis was 0.002% (95%CI 0-0.006, I^2=0%, N=123,800; n=2) in population studies; 0.2% (95%CI 0.1-0.3, I^2=0%, N=6,535; n=6) in UCT, and 0.6% (95%CI 0.2-1.8, I^2=0%, N=563; n=3) in RCTs excluding individuals with a history of psychotic symptoms. In UCT including patients with schizophrenia, 3.8% (95%CI 1.6-8.9, I^2=0%, N=133; n=2) developed long-lasting psychotic symptoms. In cohort studies, 13.1% (95%CI 9.4-17.9, I^2=24%, N=353; n=3) of those with psychedelic-induced psychosis developed schizophrenia. Sensitivity analyses confirmed the main findings. The incidence for psychedelic-induced psychosis is low but slightly higher in studies including patients with schizophrenia. The risk of transition to schizophrenia after psychedelic-induced psychosis is considerable.
Conclusions: In summary, the reviewed evidence suggests that schizophrenia might not be a definite exclusion criterion for clinical trials exploring safety and efficacy of psychedelics for treatment-resistant depression and negative symptoms. However, given the low quality and limited number of studies, more high-quality research is needed, and a conservative approach is recommended until further data is available.

Disclosure of Interest: None Declared

EPP439

Do Patients with Psychosis See Their Symptoms the Same Way Clinicians Do?

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Introduction: Psychosis includes positive (e.g., hallucinations) and negative symptoms (e.g., anhedonia), with tools like the PANSS traditionally used for evaluation. Although clinician-administered scales are considered the gold standard, patient self-reports provide critical insights into subjective experiences.
Objectives: This study explores the discrepancies between patient-reported and clinician-assessed symptoms, aiming to improve psychosis diagnosis and treatment.
Methods: Part of the BSNIP project, this study analyzed data from 159 participants (primarily male, average age 34.33) at the Boston site. Diagnoses were based on SCID, with most participants having schizophrenia, schizoaffective disorder, or bipolar disorder with psychotic features. The DSM-5 Level 1 Cross-Cutting Symptom Measure assessed psychiatric domains, including depression, anxiety, suicidal ideation, and psychosis, and was compared with clinician-reported assessments of the same symptoms.

Results: Clinicians generally reported higher anxiety levels than patients with SZ (Z = -2.462, p = 0.014), while no significant differences were observed for the bipolar disorder (BP) and schizoaffective disorder (SAD) groups. Regarding suicidal ideation, patients typically reported higher levels than clinicians, particularly in the SZ group (Z = -3.507, p < 0.001) and the SAD group (Z = -2.007, p = 0.045). Similarly, patients in the BP (Z = -2.822, p = 0.005) and SAD (Z = -2.145, p = 0.032) groups reported more hallucinations compared to clinician assessments, while clinicians reported higher levels of hallucinations in the SZ group (Z = -3.451, p = 0.001). In terms of delusions, clinicians generally reported higher levels than patients in the SZ group (Z = -2.925, p = 0.003). Additionally, neither insight (PANSS_G12) nor cognitive function (BACS Composite) significantly impacted the discrepancies between patient and clinician reports of suicidal ideation, hallucinations, or delusions.
Conclusions: The study highlights significant discrepancies in the reporting of anxiety, suicidal ideation, hallucinations, and delusions, especially in schizophrenia, where patients tend to underreport anxiety and psychotic symptoms but report higher suicidal ideation. Our findings point to the value of obtaining both patient and clinician assessments when evaluating psychosis.

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EPP440

Neurological Soft Signs and Thyroid Hormones in Schizophrenia

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Introduction: Neurological soft signs (NSS) are subtle sensory and motor deficits linked to neurodevelopmental disorders, schizophrenia, and thyroid disorders (TH). TH are essential for neurodevelopment and the modulation of the proinflammatory response. Indeed, a growing body of evidence suggests that thyroid function is altered in individuals with schizophrenia spectrum disorders (SSD).
Objectives: We aimed to evaluate the relationship between TH, NSS, and psychopathology in individuals with schizophrenia.
Methods: Opportunistic recruitment took place at the 3rd Department of Psychiatry at AHEPA University General Hospital of Thessaloniki, Greece. Inclusion criteria were an SDD diagnosis and age above 18 or below 65 years. Patients were excluded if they had a history of neurological or other somatic disorder, a history of substance abuse, an IQ estimate <70, and if they were pregnant, or on treatment with glucocorticoids and/or thyroxin. Clinical symptomatology was assessed using the Positive and Negative Syndrome Scale (PANSS), and NSS were assessed using the Neurological Evaluation Scale (NES; Greek version). Blood samples were drawn after an overnight fast to measure serum levels of TSH, fT4, and fT3. We used the t-test to compare differences between sex and the Pearson correlation to test for correlations between PANSS scores, NES scores, and TH (R statistical software version 4.3.2).
Results: A total of 73 patients (31 female) with SSD were included [mean age 41.2 (SD 11.6) years]. TSH and fT4 levels were significantly higher in females, p<0.0005 and p=0.020, respectively. fT3, but not fT4 or TSH, was negatively correlated with age (r=-0.479, p<0.001). A negative correlation between NES total score and fT4 (r=-0.416, p=0.014) was only found in males. Serum fT3 levels exhibited no significant correlation with NES scores but the PANSS negative subscore was negatively associated with fT3 (r=-0.471, p<0.001).
Conclusions: Our study suggests that TSH and fT4 abnormalities are more prevalent in females with SSDs. Moreover, it appears that with increasing age, the likelihood of hypothyroidism increases. Interestingly, in individuals with SSDs, lower fT4 levels predicted NSS severity but only in males, and lower fT3 levels predicted an increase in negative symptoms. Hypothyroidism has been reported to cause damage to the central nervous system and has been associated with increased apoptosis and altered expression of cerebellar neurons leading to impairment in motor function. In this sense, restoring fT3 and fT4 levels might have a positive effect on negative symptoms and NSS severity (in males), respectively. However, antipsychotic medication may affect TH levels in SSDs. Thus, future studies should examine a larger sample of drug-naïve individuals with SSDs, followed-up longitudinally in time to infer causality.

Disclosure of Interest: None Declared

EPP441

Functional Outcomes Over 5 Years in First-Episode Schizophrenia Patients: Key Insights from a Longitudinal Cohort Study in Turkey

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Introduction: First-episode schizophrenia (FES) is a critical period where early intervention can influence long-term outcomes. Tracking functional changes and finding their correlates are essential for understanding the disease process.
Objectives: This study aims to evaluate the progression of functional outcomes over a five-year follow-up in FES patients and to examine the clinical correlates of functioning in the fifth year.
Methods: This cohort study included 197 FES patients admitted to the Istanbul Faculty of Medicine Department of Psychiatry Psychotic Disorders Research Program. Global Assessment of Functioning (GAF), Brief Psychiatric Rating Scale(BPRS), and Scale for the Assessment of Negative Symptoms(SANS) scores were recorded, and a comprehensive neuropsychological battery was applied at baseline. FES patients were evaluated regularly with the same clinical scales and GAF scores. The baseline clinical and cognitive parameters and clinical parameters at 1st, 2nd and 5th years were compared with GAF scores over the years. A repeated measures ANOVA was conducted to examine the effect of time on GAF scores over a 5-year follow-up, as well as the effects of gender and education. SPSSv29 was used to conduct all statistical analyses, and significance levels were set at p<0.05.
Results: Seventy-seven FES patients had a follow-up duration of at least five years. Of these, 36.4% (n=28) were female, and the mean