

EPP0103

Risk factors contributing to the possibility of conducting intensive home treatment and to the risk of hospitalization of 1045 home treated patients with Schizophrenia

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Introduction: Home Treatment (HT) teams are among the better-studied options to reduce admission at the hospital, having been described as an alternative to hospitalization in patients with schizophrenia. There may be certain risk factors which has already been described such as living alone (Dean and Gadd, BMJ, 1990; 301, 1021–1023; Schnyder et al., Acta Psychiatr. Scand. 1999; 99, 179–187), lack of awareness of the illness, uncooperativeness (Cotton et al., BMC Psychiatry, 2007; 7, 52) and fewer visits carried out (Morgan et al., Aust. New Zeal. J. Psychiatry, 2006; 40, 683–690) which together can negatively influence the possibility of conducting intensive home follow-up and, therefore, increase the likelihood of hospitalization.

Objectives: To describe the relative contribution of several risk factors to patient hospitalization related to the possibility of conducting intensive home follow-up of patients diagnosed with Schizophrenia following home treatment. Second, to determine the risk of hospitalization related to the possibility of conducting intensive home follow-up according to the presence of one or more risk factors of patients diagnosed with Schizophrenia following home treatment.

Methods: All patients with schizophrenia who were visited by a home treatment team in Barcelona between January 2017 and December 2021 were included in the study. To assess whether there was an increased risk of hospitalization associated with factors such as living alone, uncooperativeness (PANSS G8 item ≥ 4) and ≤ 1 home visit, two bivariate logistic regression analyses were conducted. We studied these factors as independent variables to assess the relative contribution to the risk of hospitalization, and we studied if the presence of 1, 2, 3 or 4 of these risk factors as independent variables worsened the risk of hospitalization.

Results: Uncooperativeness shows the highest contribution to the risk of hospitalization, followed by ≤ 1 home visit, lack of insight and living alone, all results reaching significance ($p=0.000$).

There is an increase in the risk of hospitalization depending on the presence of 1, 2, 3 or 4 of these risk factors (1 risk factor (Odds Ratio = 1.21), 2 risk factors (Odds Ratio = 5.28), 3 risk factors (Odds ratio = 13.53), 4 risk factors (Odds ratio = 29.18).

Conclusions: There are a number of factors directly related to the possibility of conducting intensive follow-up that appear relevant in the case of psychotic patients in acute crisis treated at home. This set of variables are the lack of awareness of the illness, lack of collaboration, living alone and the number of visits that have been made, all with statistically significant differences in our study. These

factors together also greatly increase the risk of hospitalization, becoming almost 30 times more likely when these 4 factors are present.

Disclosure of Interest: None Declared

EPP0104

Correlation between BDNF levels and folic acid levels at baseline in drug-naïve First Episode Psychosis

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Introduction: Schizophrenia is a severe and common psychiatric disorder characterized by disturbed brain development. Brain-derived neurotrophic factor (BDNF) mediates differentiation and survival of neurons as well as synaptic plasticity during the brain development. Several studies have shown decreased serum levels of BDNF in chronic, first episode, and drug naïve schizophrenia patients. Folate provides the substrate for intracellular methylation reactions that are essential to normal brain development and function. Abnormal folate metabolism has been implicated in schizophrenia. For example, reduced maternal folate intake associated with an increased risk for schizophrenia. Also, low blood levels of folate have been reported in patients with schizophrenia, and are associated with clinical manifestation especially in the negative symptom domain.

Objectives: With this study, we want to know how BDNF levels at baseline in *drug-naïve* FEP are associated with folic acid.

Methods: Fifty *drug-naïve* FEP treated between April 2013 and July 2017 at the ETEP Program at Hospital del Mar were included. Inclusion criteria were: 1) age 18-35 years; 2) DSM-IV-TR criteria for brief psychotic disorder, schizophreniform disorder, schizophrenia or unspecified psychosis; 3) no previous history of severe neurological medical conditions or severe traumatic brain injury; 4) presumed IQ level > 80 , and 5) no substance abuse or dependence disorders except for cannabis and/or nicotine use. All patients underwent an assessment at baseline including sociodemographic and clinical variables. Fasting blood samples were obtained before administering any medication at baseline and used to determine folic acid and BDNF levels.

Results: In our *drug-naïve* FEP sample, folic acid levels showed a significant positive correlation with BDNF levels at baseline ($r = 0.584$; $p = 0.003$). Moreover, we did a lineal regression model that showed that the baseline variables that better predict BDNF levels were folic acid levels, and cannabis use.

Conclusions: Our results are consistent with the findings from some of previous studies that also shows that lower folic acid levels are associated with lower BDNF levels at baseline in *drug-naïve*

FEP. Folate deficiency is associated with cerebrovascular and neurological diseases, and mood disorders. The importance of folate in the nervous system was initially demonstrated in studies that established a greatly increased risk of neurodevelopmental disorders in the offspring of folate-deficient pregnant women. In the adult, epidemiological studies have linked lack of folate to neurodegenerative and neuropsychiatric diseases. However, the mechanisms by which chronic folate deficiency adversely affects CNS function are incompletely understood. Some studies in animals models have hypothesized that folate deficiency in animals could be associated with pyramidal cell loss and reduced hippocampal BDNF.

Disclosure of Interest: None Declared

EPP0105

"Social functioning and use of rehabilitation resources in a group of people who experienced a first episode of psychosis and participated in a psychotherapeutic group program versus a control group"

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Introduction: Psychotic disorders have a huge impact on social functioning, which is the ability to establish and maintain social activities such as interpersonal relationships and self-care activities of daily living. Research data support that the early intervention in people who have experienced a first episode of psychosis (FEP) -based on a multidisciplinary treatment including both psychopharmacological and psychosocial treatments-, has a relevant role in a favorable evolution. AGES-Mind study is based on manualized psychotherapeutic interventions for people with first-psychosis episodes.

Objectives: To describe the use of rehabilitation resources and social functioning in a group of people with FEP who were included in a psychotherapeutic group program versus a control group, at 12 and 24 months since the beginning of the intervention.

Methods: Longitudinal, analytical, observational, retrospective study on a cohort of 46 patients with first-episode psychosis within the last 5 years. 23 patients received group psychotherapy in the context of the AGES-Mind study and they were compared with 23 control patients who did not receive a group intervention (treatment as usual). Controls were matched by age, gender and time elapsed since the first episode of psychosis with those exposed to the intervention. Sociodemographic data, social functioning (self-care, social activities, social relationships, and behavior) and use of rehabilitation resources outcome variables were assessed.

Results: Significant differences were found regarding participation in social activities in the intervention group versus control group at

24 months. No significant differences were found in other dimensions of social functioning or in the use of rehabilitation resources.

Image:

Table 1
Sociodemographic characteristics of the participants (N=46)

	Total (n=46)	RCT (n=23)	No RCT (n=23)
Gender, n(%)			
Female	16(34,8)	8(34,8)	8(34,8)
Male	30(65,2)	15(65,2)	15(65,2)
Age			
Average Age (standard deviation)	25.59 (6,1)	25.83 (6,3)	25.35 (5,9)
Median Age (quartiles)	24.50(22,3)	25(22,3)	24(21,3)
Age FEP			
FEP Average Age (standard deviation)	24.41 (6)	24.43 (6,4)	24.39 (5,6)
FEP Median Age (quartiles)	23.50(20,27)	24(19,3)	23(20,3)
Civil State n(%)			
Single	42(91,3)	22(95,7)	20(87)
Married	4(8,7)	1(4,4)	3(13)
Education level n(%)			
Preschool	0(0)	0(0)	0(0)
Elementary School	5(10,9)	1(4,4)	4(17,4)
Secondary School	16(34,8)	8(34,8)	8(34,8)
High School Degree	16(34,8)	7(30,4)	9(39,1)
College Degree	9(19,6)	7(30,4)	2(8,7)
Postgraduate Degree	0(0)	0(0)	0(0)
Occupation n(%)			
Unemployed	25(54,6)	11(47,8)	14(60,9)
Sporadic Employment	8(17,4)	3(13)	5(21,7)
Stable Employment	13(28,3)	9(39,1)	4(17,4)
Disability n(%)			
No	33(71,7)	16(69,6)	17(73,9)
Yes	10(21,7)	5(21,7)	5(21,7)
In process	3(6,5)	2(8,7)	1(4,4)

Note. FEP= First Episode of Psychosis, RCT= Randomized Controlled Trial.

Image 2:

Table 2
Use of rehabilitation resources and social functioning in the intervention group (RCT) and in the control group (no RCT) at 12 and 24 months since the beginning of the intervention

	T1 RCT (n=23)	No RCT (n=23)	T2 RCT (n=23)	No RCT (n=23)
CCP n(%)				
No	14 (60,9)	14 (60,9)	12 (52,2)	14 (60,9)
Yes	9 (39,1)	9 (39,1)	11 (47,8)	9 (39,1)
CCP- DH n(%)				
No	13 (56,5)	19 (82,6)	18 (78,3)	20 (87)
Yes	10 (43,5)	4 (17,4)	5 (21,7)	3 (13)
CCP- LRC n(%)				
No	17 (73,9)	19 (82,6)	14 (60,9)	18 (78,3)
Yes	6 (26,1)	4 (17,4)	9 (39,1)	5 (21,7)
CCP- PSRC n(%)				
No	19 (82,6)	22 (95,7)	20 (87)	23 (100)
Yes	4 (17,4)	1 (4,4)	3 (13)	0 (0)
ACT n(%)				
No	22 (95,7)	21 (91,3)	20 (87)	20 (87)
Yes	1 (4,4)	2 (8,7)	3 (13)	3 (13)
Self-care n(%)				
No	4 (17,4)	9 (39,1)	1 (4,4)	10 (43,5)
Yes	4 (17,4)	0 (0)	5 (21,7)	2 (8,7)
NA	15 (65,2)	14 (60,9)	17 (73,9)	11 (47,8)
Social activities n(%)				
No	7 (30,4)	8 (34,8)	4 (17,4)	12 (52,2)
Yes	9 (39,1)	12 (52,2)	13 (56,5)	8 (34,8)
NA	7 (30,4)	3 (13)	6 (26,1)	3 (13)
Relationships n(%)				
No	14 (60,9)	10 (43,5)	10 (43,5)	11 (47,8)
Yes	9 (39,1)	11 (47,8)	10 (43,5)	9 (39,1)
NA		2 (8,7)	3 (13)	3 (13)
Behaviour n(%)				
No	20 (87)	17 (73,9)	19 (82,6)	16 (69,6)
Yes	3 (13)	6 (26,1)	4 (17,4)	6 (26,1)
NA				1 (4,4)

Note. NA= No Answer; CCP= Continuity of Care Program; DH= Day Hospital; LRC= Labor Rehabilitation Center; PSRC= Psychosocial Rehabilitation Center; ACT= Assertive Community Team

Conclusions: Further studies with larger sample sizes are needed in order to determine if the participation in group therapy leads to an improvement in social functioning and use of rehabilitation resources for people who have experienced a first episode of psychosis.

Disclosure of Interest: None Declared