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.

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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.

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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.