significant between pitch span and theory of mind abilities (r = 0.395, p = 0.069).
Conclusions: This exploratory study seems to show that SZ participants' production of backchannels (reflecting their role in conversation coordination) is related to their theory of mind abilities and to their symptoms.

Disclosure of Interest: None Declared

EPV1766

Efficacy and safety of brexpiprazole in early-episode schizophrenia: post hoc analysis of clinical trials in adults and adolescents

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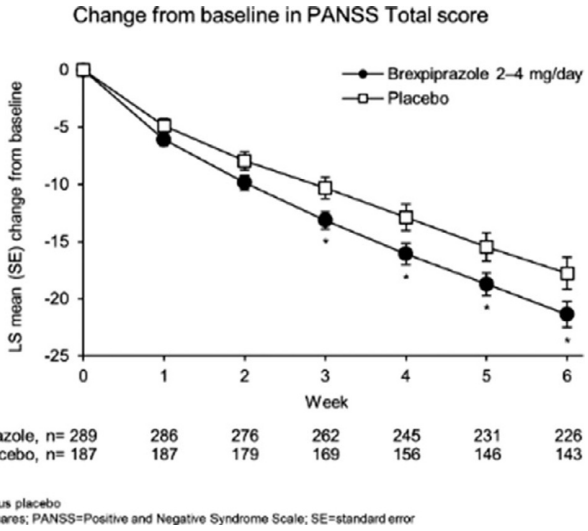
Introduction: For patients with schizophrenia, effective treatment of early episodes may improve long-term outcomes, reduce the risk of relapse, and limit functional impairment.
Objectives: To evaluate the efficacy and safety of brexpiprazole versus placebo in adult and adolescent patients with early-episode schizophrenia.
Methods: Data were analyzed from four Phase 3, 6-week, randomized, double-blind, placebo-controlled trials: three in adults (Clinical Trials.gov: NCT01396421 [Vector], NCT01393613 [Beacon], NCT01810380 [Lighthouse]), and one in adolescents (NCT03198078 [Study 331-10-234]). For the trials in adults, patients aged 18–65 were randomized to placebo (total N=531), brexpiprazole (total N=1,093; 0.25, 1, 2 or 4 mg/day, or 2–4 mg/day, depending on the trial), or quetiapine extended-release (N=154; active reference in one trial). For the trial in adolescents, patients aged 13–17 were randomized to placebo (N=104), brexpiprazole 2–4 mg/day (N=110), or aripiprazole (N=102; active reference). Mean baseline Positive and Negative Syndrome Scale (PANSS) Total scores indicated that adult and adolescent patients were of similar disease severity. In all four trials, the primary efficacy endpoint was change from baseline to Week 6 in PANSS Total score. In this *post hoc* analysis, early-episode schizophrenia was defined as age 13–35, and ≤5 years' duration of illness. Data from the four trials were pooled and compared between brexpiprazole 2–4 mg/day (FDA-recommended target dose in adults and adolescents) and placebo. Efficacy outcomes were analyzed using least squares (LS) mean change from baseline (mixed model for repeated measures). Safety was also evaluated.
Results: The *post hoc* early-episode schizophrenia sample comprised 292 patients treated with brexpiprazole 2–4 mg, and 190 treated with placebo (analyzed for safety), of whom 289 and 187 were analyzed for efficacy, respectively. The *post hoc* efficacy sample comprised 19.3% of the corresponding efficacy sample of the adult trials (pooled), and 98.1% of the corresponding efficacy sample of the adolescent trial. In the *post hoc* efficacy sample, mean (standard deviation) baseline age was 22.4 (6.6) in the brexpiprazole group and 20.5 (6.6) in the placebo group, and baseline PANSS Total scores were 97.9 (13.5) and 100.4 (14.2), respectively. The LS mean (standard error) change from baseline to Week 6 in PANSS Total score was -21.4 (1.1) with brexpiprazole, and -17.8 (1.4) with placebo (p=0.042). The overall incidence of treatment-emergent adverse events (TEAEs) was 50.7% with brexpiprazole, and 46.3% with placebo. The TEAE with the highest incidence in the brexpiprazole group was akathisia (6.5%; placebo, 2.1%).
Image 1:



Conclusions: In this *post hoc* analysis of patients with early-episode schizophrenia, brexpiprazole was associated with greater improvement in schizophrenia symptoms than placebo. No new safety observations were made.

Disclosure of Interest: None Declared

EPV1767

Preliminary evaluation of the psychometric properties of the Italian version of the Psychotic Symptom Rating Scales (PSYRATS)

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Introduction: Most of the validated Italian scales for assessing psychotic symptoms don't analyze specific symptoms like delusions and hallucinations in detail, but rather measure a wide range of experiences and behaviors in a general way. Scales such as PANSS, SAPS, and Sistema3 include only a few items on delusions and hallucinations, without considering the multidimensional characteristics of these symptoms, such as the degree of conviction, distress, duration, and perceived reality of the hallucinations. The Psychotic Symptom Rating Scales (PSYRATS) is the most widely

used scale globally for measuring the severity of hallucinations and delusions through a semi-structured interview, but it has never been translated into Italian.
Objectives: The aim of this study is to conduct a preliminary evaluation of the psychometric properties of the Italian version of the PSYRATs.
Methods: The participants were recruited from among adult patients who were able to communicate fluently in Italian and were admitted to the Psychiatry Department of the Cesena Hospital. Eligibility depended on the presence of persistent delusions or auditory hallucinations in the week prior.
The hospitalized patients were assessed using the Italian version of the PSYRATS, the Positive And Negative Syndrome Scale (PANSS), and the Brief Psychiatric Rating Scale (BPRS). The reliability of the scales was assessed using Cronbach's Alpha, and the relationship between the variables was analyzed using Spearman's correlation.
Results: The sample consisted of 25 participants (5 female, 20 male), with a mean age of 43 years and an average educational level of 11 years. A good internal consistency was observed for the "Auditory Hallucinations" scale (Alpha = .92) and for the "Delusions" scale (Alpha = .97). Spearman's correlation analysis revealed that the "Total PSYRATs" scale has strong correlations with the "Auditory Hallucinations" scale (Rho = .93; p = .001) and the "Delusions" scale (Rho = .45; p = .02). Valid correlation indices were also noted between the "Total PSYRATs" and "Total BPRS" scales (Rho = .62; p = .001) and the PANSS scale (Rho = .45; p = .02).
Image 1:

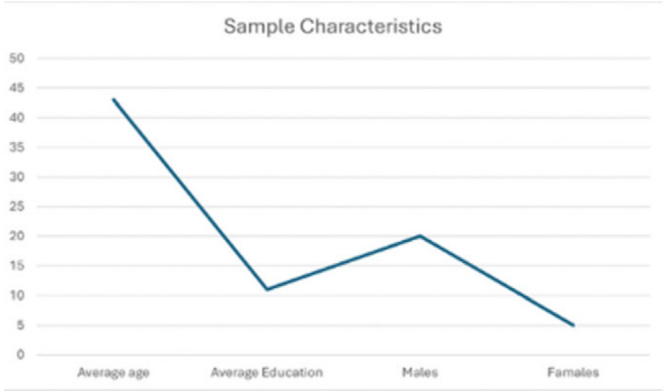

Image 2:

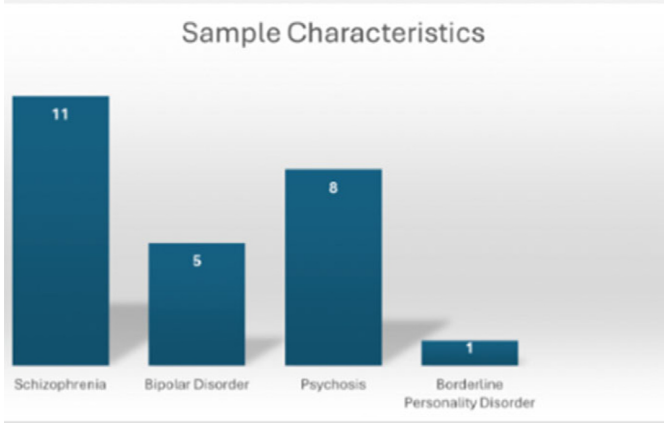

Image 3:

Correlation

			PANS TOT	BPRS TOT	PSYRATs
Rho by Spearman	Panstot	Correlation coefficient	1,000	,679**	,453*
		Significance (Two- tailed)	.	<,001	,023
		N	25	25	25
	BPRS TOT	Correlation coefficient	,679**	1,000	,617**
		Significance (Two- tailed)	<,001	.	,001
		N	25	25	25
	PSYRATs	Correlation coefficient	,453*	,617**	1,000
		Significance (Two- tailed)	,023	,001	.
		N	25	25	25

**. The correlation is significant at the 0,01 (two- tailed).
*. The correlation is significant at the 0,05 (two- tailed).

Conclusions: The preliminary data demonstrate good internal consistency and convergent validity of the Italian version of the PSYRATS; therefore, this instrument appears to be a valid measure for the assessment of hallucinations and delusions. The results of this study are limited by the relatively small sample size, making it essential to repeat the analyses on a larger population.

Disclosure of Interest: None Declared

EPV1770

Shared Psychosis in Family Dynamics: Two Cases of Schizophrenia in Close Relatives

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Introduction: Shared psychotic disorder (folie à deux) is a rare mental health condition where delusions are transmitted from one person to another within a close relationship. Understanding these complex dynamics is crucial for effective diagnosis and treatment.
Objectives: To present two cases of shared psychosis involving close relatives diagnosed with schizophrenia, aiming to open discussion on the complex dynamics of familial relationships and their impact on mental illness.
Methods: 2 case reports.
Results: We present two cases of shared psychosis involving close family members. The first case involves two sisters, aged 43 and 48, both diagnosed with paranoid schizophrenia. The 43-year-old sister was admitted following a suicide attempt and exhibited active psychosis with paranoid delusions. During her hospitalization, the older sister displayed identical delusions and refused her sibling's treatment, leading to her own admission. Both sisters, previously untreated and highly educated, were managed with antipsychotic medications. While the delusions were encapsulated during treatment, concerns remain about their shared living environment and its potential influence on their ongoing recovery.
The second case involves a 33-year-old woman with a decade-long history of schizophrenia who was brought to the emergency room malnourished and uncommunicative, having not eaten for over a