antipsychotic such as olanzapine (23.8%) or quetiapine (7.9%). By the end of the hospital stay, 14.3% of female patients received cariprazine monotherapy and 82.5% cariprazine combination treatment with olanzapine (30.2%) or clozapine (15.9%). Significant decrease was detected in m-SNAD total score (LS mean change from baseline: -10.95) and SNS total score (LS mean change from baseline: -9.74). Functioning increased from poor (76%) to 'manifest disabilities' according to PSP (81%).
Conclusions: In summary, female patients had significant improvement during their hospital stay in terms of negative symptoms. The most utilized pharmacotherapy during the hospital stay was cariprazine both in a form of mono- and polytherapy.

Disclosure of Interest: J. Dragasek: None Declared, Z. Dombi Employee of: I am an employee of Gedeon Richter Plc., originator of cariprazine., P. Herman Employee of: I am an employee of Gedeon Richter Plc., originator of cariprazine., V. Dzurilla Employee of: I am an employee of Gedeon Richter Plc., originator of cariprazine., Á. Barabássy Employee of: I am an employee of Gedeon Richter Plc., originator of cariprazine.

EPP253

Relapse prevention with cariprazine: A focus on sex

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doi: 10.1192/j.eurpsy.2025.565

Introduction: Relapse refers to the recurrence of psychotic symptoms following a phase of improvement or stability. It often leads to the disruptive re-hospitalization of patients. Notably, a history of relapse is a strong indicator of future relapses and poorer outcomes. According to the literature, relapse rates might be higher in men compared to women due to better response to medication in women. Cariprazine (CAR), a D3-D2 partial agonist, has shown effectiveness in preventing relapse compared to a placebo in stabilized schizophrenia patients
Objectives: We aimed to investigate whether there is a difference in the efficacy of CAR in preventing relapse by sex.
Methods: A post-hoc analysis was conducted on data from a multicentre, randomized, double-blind, placebo-controlled, parallel-group study lasting approximately 96 weeks in adults with schizophrenia. The study included two phases: a 20-week open-label treatment phase and a double-blind treatment phase lasting up to 72 weeks. During the open-label phase, patients were stabilized on CAR at doses of 3.0-9.0 mg/day. Subsequently, they were randomized to either continue CAR (at fixed doses of 3.0, 6.0, or 9.0 mg/day) or switch to a placebo (PBO). Relapse was defined by a worsening of symptom scores on the Positive and Negative Syndrome Scale (PANSS), psychiatric hospital admission, aggressive behaviour, or suicide risk. In this analysis, patients were separately analysed based on their sex. Baseline characteristics, hazard ratios by sex during the double-blind phase were calculated.
Results: Of 200 patients, 132 (66%) were male (M) and 68 (34%) were female (F). In the female group, 57% were receiving CAR treatment, while in the male group 47% were on CAR. The mean age of the patients was between 36-41 years. The open-label baseline PANSS scores were comparable. The adherence of patients during the double-label phase was similar in all four groups (98-99%).
More relapses were documented in the placebo groups (M: 47%, F: 48%) than in the CAR groups (M: 27%, F: 21%). In females, those who received CAR during the double-blind phase had 66% less risk for relapse (HR=0.34, 95%CI= 0.14-0.82) than those who were on placebo. Similarly, male patients on cariprazine had 49% less risk for relapse (HR=0.51, 95%CI= 0.28-0.91) than those receiving placebo. The Cox regression analysis between groups showed that sex of patients did not affect the risk of relapse significantly.
Conclusions: In summary, sex does not seem to significantly influence risk of relapse. CAR decreases the risk of relapse compared to placebo in both males and females.

Disclosure of Interest: C. Correll: None Declared, Z. Dombi Employee of: I am an employee of Gedeon Richter Plc., originator of cariprazine., P. Herman Employee of: I am an employee of Gedeon Richter Plc., originator of cariprazine., Á. Barabássy Employee of: I am an employee of Gedeon Richter Plc., originator of cariprazine.

EPP255

Functional Recovery Levels, Associated Clinical Features and the Role of Metabolic Syndrome in Schizophrenia Patients Followed in a University Hospital

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doi: 10.1192/j.eurpsy.2025.566

Introduction: Schizophrenia is a chronic illness that causes severe disability and dysfunction.The traditional approach focusing on symptom control does not always result in improvement in functioning. Functional recovery is considered to be the achievement of social and occupational functioning and independent living in addition to symptom remission.Factors like negative symptoms, depression, cognitive dysfunction, treatment compliance, internalised stigma, and education impact functional recovery. MetS may impact functional recovery by contributing to depression, reducing treatment compliance, and impairing cognitive functions, but studies on this are limited.
Objectives: This study aimed to investigate the relationship between MetS and functional recovery in schizophrenia, along with related clinical features.
Methods: The study sample included 115 schizophrenia patients aged 18-65, who applied to Gazi University Psychiatry Outpatient Clinic, spoke Turkish, no exacerbation in the last year.Exclusion criteria were serious medical/neurological illness, alcohol/substance use disorder.MetS was diagnosed per American College of Cardiology criteria. Functional Remission of General Schzophrenia Scale (FROGS), Schizophrenia Cognition Rating Scale (SCoRS), Positive and Negative Syndrome Scale (PANSS), The Calgary Depression Scale for Schizophrenia (CDSS), Medication Adherence Rating Scale (MARS), Schedule for Assesing the Three Components of Insight (SAI), Internalized Stigma of Mental Illness Scale (ISMI) scales were applied to all participants. SPSS 22.0 was used, and $p<0.05$ was considered significant.
Results: The mean age of participants was 48.61, 54.8% were male and 44% had a high school education. MetS was 55.7% of patients. Patients with MetS had significantly lower scores of FROGS,