Mood, sedation, cognitive, and sexual related side effect were most strongly associated with happiness.
Conclusions: The association between side effects and the antipsychotic dose and societal functioning and happiness in this population in long term care shows the importance of addressing overtreatment at an early stage. Future research should focus on whether addressing side effects, especially mood and cognition related side effects, is beneficial for societal recovery and happiness in the long-term.

Disclosure of Interest: None Declared

EPP698

Improvements in brain mechanisms associated with the aberrant salience hypothesis of psychosis following Avatar therapy for refractory auditory verbal hallucinations

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Introduction: Nearly 40% of individuals with schizophrenia are resistant to medication. Treatment-resistant schizophrenia leads to increased health-risk behaviors and reduced quality of life. Avatar therapy *via* virtual reality seems to be a very promising solution for individuals with treatment-resistant schizophrenia. This therapy targets refractory auditory verbal hallucinations, one of the core positive symptoms of schizophrenia. This symptom is thought to reflect a direct experience of the aberrant salience of internal representations according to the aberrant salience hypothesis of psychosis. Strong evidence suggests that the striatum plays an important role in the development of positive symptoms, as individuals with schizophrenia show an increased activation of this brain region at rest. One of the mechanisms underlying Avatar therapy may involve a reduction in aberrant salience. However, the neural processes involved in this therapeutic approach remain largely unexplored.
Objectives: This study aims to investigate the brain mechanisms underlying Avatar therapy in treatment-resistant schizophrenia by examining spontaneous brain activity at rest using functional magnetic resonance imaging (fMRI).
Methods: Fourteen participants with treatment-resistant schizophrenia participated in nine sessions of Avatar therapy. They underwent resting-state fMRI scans before and after the therapy. Voxel-wise analyses of fractional amplitude of low-frequency fluctuations (fALFF) were performed to examine differences between post- and pre-therapy in regional patterns of spontaneous brain activity.
Results: Importantly, after the therapy compared to before the therapy, we found that participants with treatment-resistant schizophrenia had reduced fALFF in the right putamen. We also observed increased fALFF in the bilateral occipital, right inferior temporal, right angular gyrus, left medial temporal and left supramarginal gyri after the therapy.
Conclusions: The putamen is a part of the striatum which is known to play a significant role in the emergence of psychosis. Mainly, our results suggest that Avatar therapy regulates putamen activity at rest, suggesting that the neural mechanisms underlying the therapy involve the alleviation of aberrant salience.

Disclosure of Interest: None Declared

EPP699

The use of depot antipsychotics in patients with dual diagnosis of psychosis and substance use disorder is associated with improved quality of life, better general clinical outcome and fewer hospitalizations

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Introduction: Co-occurring substance use disorders (SUDs) among individuals with schizophrenia are a prevalent and complex psychiatric comorbidity, which is associated with increased symptom severity, worsened illness trajectory and high rates of treatment non-adherence. Recent evidence suggests that the use of depot antipsychotics may provide an effective treatment option for individuals with this dual-diagnosis.
Objectives: Hypothesis testing: "Depot antipsychotics are associated with i) reduced hospitalizations, ii) improved quality of life and iii) improved patient functionality in dual diagnosis of psychosis and SUD".
Methods: 68 patients in community of Eastern Crete (Greece) participated (Male to Female ratio corresponds to 2.4:1). All of them manifested psychosis (24 with F.20 ICD-10 and 44 with F29.0 ICD-10). The median age was 41 years. 29.41% had dual diagnosis of psychosis and alcohol use disorders, 7.35% had dual diagnosis of psychosis and cocaine use disorders, while 26.47% had dual diagnosis of psychosis and cannabis Use disorder. 80.88% were on aripiprazole LAI, 8.82% on paliperidone LAI, 2.94 % on risperidone LAI and 7.35% on haloperidol LAI. For the evaluation of our hypotheses the instruments WHOQOL-BREF questionnaire and the CGI-S scale were used. The quality of life and the functionality of the patients and also the number of their hospitalizations were compared in each patient, before the initiation of the LAI medication and during the active treatment period. The minimum of follow-up period was 6 months.
Results: In our sample of 68 patients with depot antipsychotics therapy administrated at least for 6 months: a) Hospitalizations decreased statistically significantly from 1.01 ±1.54 to 0.01±0.12 (Paired Samples Wilcoxon Signed Rank Test p-value<<0.001), b) The CGI-S score decreased statistically significantly from 5.72 ±0.88 to 2.94±1.33 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001), c) The score of the WHOQOL-BREF scale increased statistically significantly from 0.57 ±0.53, to 3.35±0.84 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001). The same sample with depot antipsychotic treatment administrated at least for 3 months: a) The CGI-S score decreased statistically significantly from 5.72 ±0.88 to 2.34±0.89 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001), b) The score of the WHOQOL-BREF scale increased statistically significantly from

0.57 ±0.53, to 2.3±0.89 (Paired Samples Wilcoxon Signed Rank Test p-value<0.001).
Conclusions: Depot antipsychotics medication significantly reduces the number of hospitalizations, when patients with psychosis and substance use disorders remain in therapy at least for 6 months. In addition, the administration of depot therapy, at least for 6 months, improves the quality of life and the functionality of these patients.

Disclosure of Interest: None Declared

EPP701

No sex-related differences in PANSS score reductions in adult patients with acutely exacerbated schizophrenia treated with Risperidone ISM

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Introduction: There is a call to consider sex differences in mental health research [Galbally *et al.* CNS Drugs 2024; 38(7):559-570; Ercis *et al.* J Affect Disord. 2024; 352:171-192]. Sex-related differences in risperidone efficacy have been reported to be limited [Galbally *et al.* CNS Drugs 2024; 38(7):559-570]. Risperidone ISM (Risp-ISM) is a monthly long-acting injectable (LAI) formulation of risperidone, recently authorised in Europe, USA and some other countries.
Objectives: To investigate potential sex-related differences in the short-term efficacy of Risp-ISM LAI in adults with schizophrenia [Correll *et al.* NPJ Schizophr. 2020; 6(1):37].
Methods: Post-hoc analysis of a double-blind (DB), randomised, placebo-controlled, 12-week study conducted in participants with acutely exacerbated schizophrenia (NCT03160521). Data from the Positive and Negative Syndrome Scale (PANSS) were analysed by sex to reveal potential differences in efficacy versus placebo. The data were analysed within three separate study groups: 75 mg Risp-ISM, 100 mg Risp-ISM and placebo using a mixed effect with repeated measures model (MMRM). Herein, PANSS total scores changes from baseline (the primary efficacy endpoint) are shown.
Results: In the double-blind phase, 437 eligible participants were randomly assigned 1:1:1 to receive Risp-ISM 75 mg, 100 mg or placebo every 28 days. 144 (33%) were female and 293 (67%) male. Analysis showed no sex-related differences on PANSS total scores. After 12 weeks of treatment, the scores in PANSS Total as well in the Positive, Negative and General Psychopathology subscales were statistically significant lower for Risp-ISM 100 mg and 75 mg versus Placebo in both male and female subgroups. Specifically, decreases from baseline were significantly greater versus placebo at Day 8 (after first injection) and beyond in both sex subgroups at the 100 mg Risp-ISM dose versus Placebo; likewise, at Day 15 and beyond for the 75 mg Risp-ISM dose (Figures 1 and 2).

Image 1:

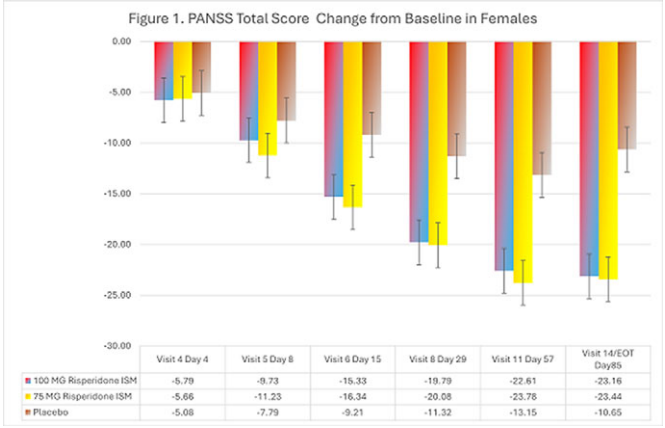
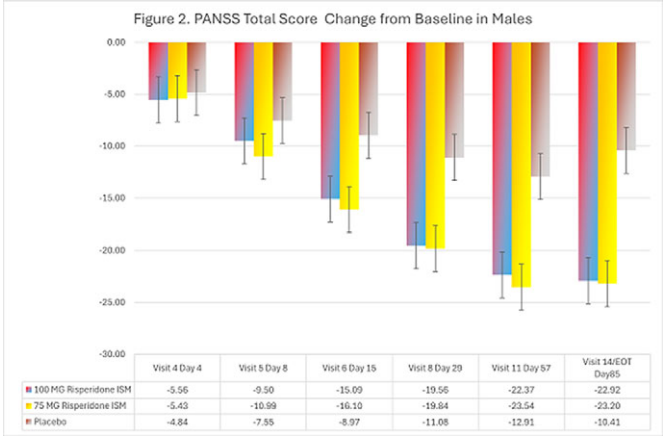


Image 2:



Conclusions: There were no statistically significant differences in efficacy, measured as PANSS score change from baseline, for male or female participants versus placebo regardless of Risp-ISM dose. Risp-ISM LAI provided significant improvement of the symptomatology as early as 8 days after first injection in acutely exacerbated patients with schizophrenia regardless of their sex.

Disclosure of Interest: C. Sherifi Employee of: ROVI Biotech Ltd. , J. Martínez González Employee of: Laboratorios Farmaceuticos ROVI S.A., L. Anta Carabias Employee of: Laboratorios Farmaceuticos ROVI S.A., M. Almendros Gimenez Employee of: Laboratorios Farmaceuticos ROVI S.A., C. Salazar García Employee of: Laboratorios Farmaceuticos ROVI S.A., C. Correll Shareolder of: Cardio Diagnostics, Kuleon Biosciences, LB Pharma, Mindpax, and Quantic., Grant / Research support from: Janssen and Takeda.,