

haloperidol 15mg daily. At week 3 of clozapine cessation, neutrophil count reached 1510/mm³. After week 4 we introduced lithium carbonate and while reaching 500mg per day we observed an increase in the neutrophil count to 4850/mm³. We rechallenged with clozapine at week 12 after a poor clinical response, with incremental dosage to 150mg per day in 17 weeks. The blood cell count did not show any abnormalities and the patient had a good clinical response up to 11 months after the clozapine rechallenge.

Conclusions: Despite the lack of guidelines assessing clozapine rechallenge after neutropenia, the use of lithium carbonate may be considered to stimulate hematopoietic functions.

Disclosure: No significant relationships.

Keywords: schizofrénia; clozapine; Lithium

EPP0619

Neurocognitive Functioning of Adolescents with Clinical High Risk for Psychosis, other Psychiatric Symptoms, and Psychosis

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Introduction: Clinical High Risk of Psychosis (CHR-P) condition and the clinical validity of at-risk criteria are still little studied in child and adolescent population.

Objectives: This study aimed to discover neurocognitive profiles of adolescents with CHR-P, compared with adolescents with psychosis and youth with other psychiatric symptoms that do not meet CHR-P criteria.

Methods: We divided 116 adolescents (12-18 years old) in three groups according to the semi-structured interview Comprehensive Assessment of At-Risk Mental States (CAARMS): psychosis, attenuated psychosis syndrome (APS), non-APS. Moreover, we administered Wechsler scales to assess the IQ, Wisconsin Card Sorting Test to assess abstract reasoning and flexibility, Rey-Osterrieth complex figure to assess planning and attention, and Trail Making Test to assess psychomotor speed, visual attention and task switching. We administered BVN 12-18 subtests to assess lexical denomination, verbal and nonverbal working memory, selective auditory, visual attention, phonemic and categorical fluency, reasoning and problem solving.

Results: Nineteen adolescents met criteria for psychosis, 47 for APS, and 50 did not meet criteria neither for psychosis nor for APS. APS group performed better than psychosis group and similar to non-APS group in processing speed, planning, visual attention, and categorical fluency. APS did not show a significant difference from the other groups in working memory and backward digit span, showing an intermediate profile; non-APS and psychosis groups still differed significantly in these functions.

Conclusions: Identifying typical neurocognitive profiles leads to more accurate diagnoses and early intervention that can lead to better patient outcomes.

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Keywords: schizofrénia; neurocognitive profiles; PSYCHOTIC DISORDERS; Adolescents

EPP0620

Analysis of Oral versus Long-acting Injectable Antipsychotics in the Maintenance of Schizophrenia

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Introduction: A debate regarding the comparative efficacy and tolerability of oral and long-acting injectable antipsychotics (LAIs) in patients diagnosed with schizophrenia is still open in the mind of clinicians. While the adherence is intuitively improved by the LAIs, the acceptance of this treatment is not always good.

Objectives: To conduct a literature review in order to find the data about the comparative efficacy of oral and LAI antipsychotics in schizophrenia, during the maintenance phase.

Methods: A literature review was performed through the main electronic databases (PubMed, CINAHL, SCOPUS, EMBASE) using the search paradigm “schizophrenia” AND “maintenance treatment” AND “oral antipsychotics” OR “long-acting injectable antipsychotics”. All papers published between January 2000 and August 2021 were included.

Results: Based on the reviewed clinical trials (n=37), LAI antipsychotics are associated with an efficacy and tolerability profile similar to or slightly superior to the oral formulation. This is confirmed for both typical and atypical antipsychotics that have been detected by this review. The main advantage of the LAIs is their superior therapeutic compliance and the possibility of early detection for non-adherent patients. However, not all data are unanimously supporting this perspective: while observational trials favor LAI antipsychotics, randomized trials included in the meta-analyses do not detect significant differences between the two types of formulations.

Conclusions: LAIs are associated with superior adherence, but their overall efficacy and tolerability are only slightly superior to those of the oral equivalents. Moreover, there are differences in the results related to the methodology of the trials, therefore data should be interpreted with care.

Disclosure: No significant relationships.

Keywords: schizofrénia; therapeutic adherence; Antipsychotics

EPP0621

Schizophreniform disorder related hospitalizations – a Big Data analysis of a national hospitalization database

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