NDD: r = .54, p < .001), sensitivity (control: r = .45, p < .001; NDD: r = .47, p < .001), and avoidance (control: r = .45, p < .001; NDD: r = .42, p < .001).
Conclusions: This study highlights the distinct sensory processing patterns and EF challenges in adults with NDD compared to controls. The findings also reveal a consistent relationship between sensory processing and EF across both groups. These insights enhance the understanding of the interplay between sensory and executive functioning, emphasizing the importance of considering these characteristics at assessment and intervention of adults with NDD.

Disclosure of Interest: None Declared

EPP249

Key Components of Cognitive Remediation for Schizophrenia: A Bayesian Network Meta-Analysis

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Introduction: Cognitive impairments are strongly associated with impaired everyday functioning in individuals with schizophrenia, and cognitive remediation (CR) has been identified as effective treatment. However, uncertainty remains regarding the most effective components of CR.
Objectives: To identify (1) the most effective combination of core ingredients of CR (cognitive exercises, presence of a therapist, cognitive strategies, and generalization activities) and (2) the most effective type of CR to improve everyday functioning in individuals with schizophrenia (computer-assisted cognitive remediation, single domain computer-assisted cognitive remediation, social cognition interventions, paper and pencil interventions, integrative approaches, and combination approaches).
Methods: PubMed, PsycInfo, Medline, Embase were searched literature from inception until November 25, 2022. Reference lists of included studies and previous meta-analyses were searched for relevant studies. We included randomized controlled trials comparing CR with any control condition or a different type of CR, assessing everyday functioning pre- and post-intervention in individuals with schizophrenia. The studies were selected independently by two reviewers. We followed the PRISMA guidelines. Study data were extracted independently by two reviewers. Data were analyzed using Bayesian random-effects network models. Trial methodological quality was evaluated with the Clinical Trials Assessment Measure. Risk of bias was evaluated. Primary outcomes were changes in functioning and cognition from baseline to after CR and from baseline to followup (min. 3 months). Literature search was updated in September 2024.
Results: 86 studies and 6076 participants were included. For both outcomes, the most effective constellation of core elements of CR were cognitive exercises, CR provided by a therapist and the use of generalization procedures (functioning: g = 0.31, 95% CrI [0.14, 0.47]; cognition: g = -0.23, 95% CrI [0.03, 0.42]). Moreover, only combinations that included both cognitive exercises and a therapist were more effective than TAU. All four core elements were necessary to observe improved functioning at follow-up. For the specific types of CR, none was superior to any other CR type. All CR types were more effective in improving functioning compared to TAU (g = 0.19-0.45). Study quality did not influence the results. Results will be updated if necessary after inclusion of the updated literature search.
Conclusions: The findings indicate that the effectiveness of CR depends on the inclusion of four essential elements—cognitive exercises, therapist involvement, strategies, and generalization activities—rather than on the specific type of CR intervention. An update to the definition of CR is recommended.

Disclosure of Interest: None Declared

EPP250

The Family Mental Health Cafés: A psychoeducation intervention to diminish stigma and isolation for families living with mental illness

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Introduction: Psychoeducation is a well-supported intervention in psychiatry aimed at improving outcomes for patients with serious mental disorders and their families. It primarily focuses on enhancing family understanding of the illness, reducing stress, and fostering a supportive environment for the patient. However, traditional psychoeducation often emphasizes increasing caregivers' capacity to manage the illness, rather than addressing the family as a unit coping with care needs and the stigma associated with mental illness. Family mental health cafés have been developed to address these broader issues.
Objectives: The aim of this study was to explore the experiences of participants in family mental health cafés and evaluate its impact on feelings of stigma and isolation.
Methods: The Family Mental Health Cafés were implemented in five Ontario cities from 2018 to 2019, these cafés were organized in collaboration with the Canadian Mental Health Association. They drew on the World Café and Death Café models, focusing on caregiving and care-receiving within the family unit and its interactions with the community. Discussions included managing illness and other stressors, successful strategies, and improvements needed for family well-being. Participants completed evaluations with both closed and open-ended questions
Results: A total of 67 individuals participated, identifying as diagnosed individuals, family members, service providers, or combinations thereof. Sixty-six completed evaluations, with 99% finding the cafés well-planned and engaging, and 88% recommending them to others. Qualitative feedback emphasized the value of shared

experiences, resource exchange, and diverse perspectives from patients, family members, and service providers. Participants appreciated the integration of these perspectives as a positive aspect of the café experience.
Conclusions: The cafés offer a novel approach to psychoeducation by focusing on the well-being of the entire family, their mutual caregiving investments, and challenges in navigating social and institutional environments. Participants valued the process for addressing isolation, and engagement with others with similar experiences may have helped reduce stigma, though this was less clear. Future research could explore the long-term outcomes of single or repeated café experiences.

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Schizophrenia and Other Psychotic Disorders

EPP251

Cariprazine & clozapine: A systematic review of a promising combination in the management of treatment-resistant schizophrenia

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Introduction: Up to 30-70% of patients with treatment-resistant schizophrenia (TRS) remain symptomatic despite gold standard treatment, clozapine. To date, commonly used antipsychotics have demonstrated little therapeutic benefit as augmenting agents in comparison to placebo. Emerging evidence suggests that novel D2-D3 partial agonist cariprazine is a promising augmentation strategy to clozapine for TRS.
Objectives: This systematic review aims to collect the available real-world evidence of effectiveness and tolerability of cariprazine and clozapine combination treatment.
Methods: A systematic review was performed using PubMed, MEDLINE, EMBASE and Cochrane databases from January 2017 until September 2024 for cases where cariprazine was used as an augmentation strategy for clozapine with the following terms: (cariprazin*) AND (clozapin*) AND ('case report*' OR 'case report'/de OR 'case stud*' OR 'case study'/de OR 'case seri*' OR 'add-on' OR augmentation OR combin*).
Results: After removal of duplicates, 108 studies were retrieved, of which 20 studies were included (one prospective pilot study and 19 case reports). Total cases comprised of 47 patients (30 male, 17 female), with diagnoses of schizophrenia (n=40), schizoaffective disorder (n=6) and emotionally unstable personality disorder (EUPD) and autism spectrum disorder (n=1). Patients were treated with clozapine (dose range 37.5-850 mg/day) and cariprazine (doses 1.5-6.0 mg/day) for a median of 122 days (range 18-456). Although a variety of subjective and objective outcome measures were employed, cariprazine was generally found to be a well-tolerated and effective adjunct to clozapine in a wide range of different symptom profiles; demonstrating efficacy across positive, negative and affective symptoms, quality of life and global functioning in the majority of cases. Additional benefits of weight loss and improving commonly experienced adverse side effects of clozapine were also frequently reported. In 3 cases cariprazine augmentation did not improve symptomatology, whereas in 6 cases the combination resulted in the exacerbation of different symptoms such as anxiety or restlessness.
Conclusions: By targeting different receptors, cariprazine and clozapine appear to act synergistically allowing for a well-tolerated and effective antipsychotic combination. Large-scale RCTs are warranted to further evaluate its effectiveness compared to placebo.

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EPP252

Predominant negative symptoms in female schizophrenia in-patients: An observational study

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Introduction: Negative symptoms are a key aspect of schizophrenia, significantly impacting a patient's functioning and quality of life. Although hospitalizations are often associated with positive symptoms, negative symptoms can also dominate the clinical picture in in-patients. Female patients are usually underrepresented in schizophrenia studies.
Objectives: To analyse the changes of negative symptoms in female in-patients.
Methods: This was an observational study with data recorded at hospital entry and release. Adult inpatients with a schizophrenia diagnosis according to the International Classification of Diseases 10th edition who exhibited predominant negative symptoms according to clinical judgement were included. Patients received pharmacological and some non-pharmacological treatment as usual.
The primary outcome measure was the modified Short Assessment of Negative Domains (m-SAND), an anamnesis-based scale that is composed of 7 items: two positive items (delusions and hallucinations) and five negative items (anhedonia, alogia, avolition, asociality and affective flattening). Each item is rated from 0 to 5 (not observed; mild; moderate; moderately severe; severe; and extreme). Other measurements included the Self-evaluation of Negative Symptoms (SNS).
Least squares (LS) means were calculated for the change from baseline to final visit using a mixed model for repeated measures (MMRM).
Results: 63 female patients were included in the study. The mean age was 41.6 years with 14.2 years of mean duration of illness. All patients had predominant negative symptoms, in fact, 65% of them was hospitalized because of it. 30% of the patients also had secondary negative symptoms, mainly due to positive symptoms. The mean duration of hospital stay was 38 days. All patients received pharmacotherapy. At baseline, 9.5% were on cariprazine monotherapy and 84.1% on cariprazine combined with another