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.

**Disclosure of Interest:** None Declared

## 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

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.

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## EPP253

## Relapse prevention with cariprazine: A focus on sex

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**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.

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## 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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**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,