

EPP1211

Hopelessness in patients with schizophrenia

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Introduction: Individuals with schizophrenia have a shortened average life expectancy, with a lifetime risk of suicide around 5%.

Objectives: Here we present a case of a patient diagnosed with schizophrenia who developed depressive symptoms with suicidal ideation, reactive to psychotic symptoms. Considering this specific case, the factors that contribute to the increased risk of suicide in these patients are reviewed.

Methods: Relevant clinical information was extracted from the patient's clinical process. In addition, we searched Pubmed^R database with the terms "Schizophrenia", "Hopelessness" and "Suicide".

Results: A 40-year-old male patient, single and unemployed presents a progressive psychotic condition, with 20 years of evolution, with an impact on social and work behaviour. As a background he has a history of depressive episodes with suicidal ideation at the age of 36, following psychotic symptoms. This is a patient with preserved cognitive functioning combined with a high level of education, who understands the impact of his reality on his functioning. In this context, he develops feelings of hopelessness, that are the risk factor for suicide, most consistently reported in patients with schizophrenia.

Conclusions: This case assesses a patient with schizophrenia who has several factors, that contribute to an increased risk of suicide, focusing on hopelessness. In the future, it may be interesting to study in more detail the individual weight of each factor, so that it is possible to accurately predict the individual risk of each patient and, consequently, it is possible to implement preventive strategies.

Keywords: Hopelessness; Suicide; schizophrenia

EPP1209

Quality of life in patients with the first-episode psychosis

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Introduction: The use of a modern biopsychosocial model of care for patients with schizophrenia dictates the need for a dynamic assessment of the quality of life of patients at different stages of the disease to identify targets for treatment and rehabilitation measures. It is especially important to determine the available targets in the early stages of the disease in order to select effective complex therapy and improve the clinical and social prognosis.

Objectives: To determine the socio-biological and clinical factors that have a significant impact on the quality of life of patients with first-episode psychosis.

Methods: The sample consisted of patients diagnosed with schizophrenia (n=58). The following research methods were used: 1) clinical-psychopathological; 2) quality of life assessment; 3) clinical-laboratory and functional research methods; 4) statistical. The QL-100 questionnaire was used as a tool for studying the quality of life. The PANSS scale was used to assess the severity of positive and negative syndromes.

Results: The most significant adverse impact on the quality of life indicators are the absence of family, lack of work, low material wealth, active consumption of psychoactive substances, the predominance of negative symptoms and the presence of concomitant somatic disease in the acute phase.

Conclusions: Early identification of problematic aspects of the quality of life in patients with the first-episode psychosis allows us to conduct effective treatment and rehabilitation measures for these patients.

Keywords: schizophrenia; first-episode psychosis; quality of life

EPP1210

Early intervention program for psychosis in a portuguese hospital: The first results of the open program

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Introduction: OPEN is a structured intervention program for patients who present with untreated psychosis at an early stage, under the guidance of a case manager and a periodic evaluation performed by a multidisciplinary team.

Objectives: The aim of the OPEN program is to create an individual care plan, promoting recovery, functionality, quality of life and prevent relapses. One year after implementation of the program, we present the first results.

Methods: We performed a retrospective review of the patients' clinical profiles included in the OPEN program.

Results: Nine patients were included in the program. The most frequent diagnosis was schizophrenia (n=5). By the time of inclusion in the program, 5 patients used cannabis frequently; one patient kept substance use. At the 6th month assessment, 4 in 5 patients showed an improvement in social functioning (Personal and Social Performance Scale; $\pm$ 16 points), and a decrease in symptom severity in all (Brief Psychiatric Rating Scale; $\pm$ 11 points). Due to COVID-19 pandemics, group interventions were suspended, and some visits were performed by teleconsultation. No patients lost follow-up.

Conclusions: We observed an overall positive result of the first months of this program, regarding both functionality and clinical outcomes. The main obstacle so far is the impossibility of performing group interventions since the start of the contingency measures regarding COVID-19 pandemics. We expect further results of the OPEN program with the inclusion of more patients.

Keywords: case manager; individual care plan

EPP1211

Perceived stigma and burden in natural caregivers of patients with schizophrenia

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Introduction: Natural caregivers of patients with schizophrenia are often subjected to stigma by virtue of their association with patients. Affiliate stigma expose caregivers to community rejection, isolation and may have a negative impact on their psychological wellbeing.

Objectives: This study aimed to assess perceived stigma and burden in a Tunisian population of natural caregivers of patients with schizophrenia and to identify risk factors for developing such disorders.

Methods: We conducted a cross-sectional, descriptive and analytical study, including 80 natural caregivers of patients with schizophrenia. We used the Stigma Devaluation Scale (SDS) to assess stigma and the Zarit Burden Interview (ZBI) to evaluate burden.

Results: The average age of natural caregivers was 55.7 years. The sex ratio (M/F) was 0.86. The mean score of perceived stigma in patients was 24.7. That of perceived stigma in caregivers was 15.34. Assessing the burden on caregivers estimated an average score of 58, corresponding to a severe burden. Medium to high burden was found in 78% of participants. Perceived stigma scores were significantly higher among illiterate caregivers, those linking schizophrenia to hereditary causes, among parents, and in case of daily contact with the patient. Scores of perceived stigma in caregivers were also significantly correlated with burden score.

Conclusions: Natural caregivers of patients with schizophrenia are exposed to affiliate stigma and experience an important level of burden. Our findings emphasize the need to support natural caregivers of persons with schizophrenia and to develop strategies to combat stigmatization among patients as well as their natural caregivers.

Keywords: schizophrénia; Natural caregiver; Stigma; Burden

EPP1213

The effect of cariprazine on patient engagement: Post-hoc analysis of a phase 3 study in patients with predominant negative symptoms of schizophrenia

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Introduction: Motivation deficit is a significant aspect of lack of improvement in patients with schizophrenia especially with predominant negative symptoms (PNS). Therefore, improvement depends not only on symptoms reduction and better social functioning but also on patient engagement which is a key but less investigated aspect of successful treatment.

Objectives: To investigate and compare patient engagement in PNS patients after cariprazine and risperidone treatment characterized

by the 11 items of the Positive and Negative Syndrome Scale (PANSS-11).

Methods: In this phase 3 study patients suffering from PNS of schizophrenia (PANSS-FSNS $\geq$ 24) were randomized to 26 weeks of treatment with either cariprazine or risperidone (target dose 4.5 and 4 mg/day, respectively). To compare the effects of the two drugs on patient engagement the PANSS-11 scale was used. Change from baseline (CfB) on the selected items and PANSS-11 total score were analyzed using mixed model of repeated measures approach without correction for multiplicity.

Results: PANSS-11 total score mean CfB were -11.20 (SD=0.43) for cariprazine-, and -9.44 (SD=0.45) for risperidone-treated patients with a -1.79 (95% CI=-3.01, -0.56) mean difference ($p=0.004$) in favor of cariprazine. Most item differences were statistically significant (N1, N2, N3, N4, N5, G16) or numerically higher (N6, G7, G13) for cariprazine versus risperidone.

Conclusions: Cariprazine significantly improved patient engagement in patients with PNS of schizophrenia compared to risperidone based on the PANSS-11 post-hoc analysis. These results suggest that cariprazine treatment may improve not only the symptoms and everyday functioning of PNS patients but their engagement with life.

Conflict of interest: Studies were funded by Gedeon Richter Plc. and Allergan Plc (prior to its acquisition by AbbVie). Dr. Laszlovszky, Dombi, Balogh, Dr Barabácssy, Dr Vass, Dr. Szatmári and Dr. Németh are employees of Gedeon Richter Plc.

Keywords: Cariprazine; schizophrénia; patient engagement; negative symptoms

EPP1214

Safety during polypharmacy: A post-hoc analysis examining the safety profile of cariprazine with other antipsychotics in the cross-titration phase

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Introduction: Although monotherapy is preferable, in every day clinical practice polypharmacy is often unavoidable due to the need of treatment enhancement or cross-titration phases with shorter or longer overlaps of two or more drugs. However, administration of more than one drug treatment is often associated with more side effects.

Objectives: The aim of the present post-hoc analysis was to examine treatment emergent adverse events (TEAEs) during co-administration of cariprazine with other antipsychotics.

Methods: Treatment emergent adverse event data (TEAE) from a randomized, double-blind, parallel-group, active-controlled study (EudraCT Number: 2012-005485-36) in adult patients with schizophrenia having predominant negative symptoms was examined in the first two weeks of the double-blind treatment period, where gradual cross-titration occurred between cariprazine (3-6 mg/day) and other antipsychotics (including amisulpride, aripiprazole, fluphenazine, haloperidol, olanzapine, paliperidone, quetiapine, and sertindole). Thereafter, 24 weeks of cariprazine monotherapy followed.

Results: During the cross-titration period, 17.83% of patients experienced at least one TEAE. The TEAEs were in line with the well-established safety data: nausea (2.61%), insomnia (2.17%),