memory and verbal learning-delayed recall. Early screening for cognitive impairments in these patients should be systematic to specify the deficits and to hasten the integration in the neurocognitive training programs.

**Disclosure of Interest:** None Declared

## EPV1838

## Study of the relationship between cognitive deficits and sociodemographic, clinical and therapeutic factors in patients with schizophrenia

N. Smaoui[1], D. Jardak[1]*, N. Charfi[1], I. Gassara[1], R. Feki[1], M. Bou Ali Maalej[1], J. Ben Thabet[1], M. maalej[1], S. omri[1], L. Zouari[1] and L. triki[2]

[1]Psychiatry C , Hedi Chaker university hospital and [2]Functional Explorations, Habib Bourguiba University Hospital , Sfax, Tunisia
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2268

**Introduction:** Cognitive deficits are a fundamental characteristic of schizophrenia, similar to positive and negative symptoms. They lead to significant disability due to their impact on various domains of life.
**Objectives:** This study aimed to study the relationship between cognitive impairment and sociodemographic, clinical, and therapeutic factors in patients with schizophrenia.
**Methods:** This study was carried out in the Psychiatry « c » Department at Hedi Chaker University Hospital in Sfax, Tunisia, involving 15 patients with schizophrenia. We used the Screen For Cognitive Impairment in Psychiatry (SCIP) in its literary Arabic version to assess cognitive functions. Data were analyzed using SPSS version 20.0 software.
**Results:** The mean age of the patients was 40 ± 12.72 years. Among the participants, 80% (n=12) were single. Seven cases (46.7%) had not exceeded primary education. The mean age of illness onset was 27.8 years, and the mean duration of illness was 13.7 years. Five patients (33.3%) had a family history of psychiatric disorders. All patients were receiving antipsychotics (AP), and 13.2% of them were on Haloperidol decanoate (HD). The mean scores for the total SCIP (ST) and its five subscales (verbal learning test-immediate (VLT-I), working memory test (WMT), verbal fluency test (VFT), verbal learning test-delayed (VLT-D), and processing speed test (PST)) were 37.40, 12.87, 14.27, 3.93, 2.47, and 3.93, respectively. A negative correlation was found between age and performance on the ST, WMT, and PST (r values: -0.515, -0.629, -0.615, respectively). Regarding marital status, VLT-I scores were better in single patients (p=0.007). Our study revealed that the low level of education was significantly correlated with several cognitive tests measured by the SCIP, including the ST, VLT-I, WMT, VFT, and PST. Mean scores for ST, VLT-I, WMT, VFT and PST were significantly lower in patients with illness onset after age 40 (p<0.05). The WMT score was significantly lower in patients with an illness duration exceeding 5 years and in patients with a family history of psychiatric disorders (p values: 0.05; 0.021). The PST score was significantly lower in patients on HD (p=0.038).
**Conclusions:** Sociodemographic, clinical, and therapeutic factors harm the cognitive abilities of patients with schizophrenia. Thus, it is essential to carry out neurocognitive assessments during the follow-up of these patients, taking into account factors likely to predict cognitive impairment.

**Disclosure of Interest:** None Declared

## EPV1839

## First episode of psychosis and transition to schizophrenia: the role of polypharmacy

R. Softic[1]* and S. Osmanovic[2]

[1]Psychiatry Clinic, University Clinical Center Tuzla, Tuzla and [2]Psychiatry, Health Center Brcko, Brcko, Bosnia and Herzegovina
*Corresponding author.
doi: 10.1192/j.eurpsy.2025.2269

**Introduction:** The early stages after the onset of a first episode of psychosis (FEP) are crucial for the long-term outcome of the disease. Good outcome can be expected in <50% of patients, but three-quarters of all patients who experience a remission from a first episode of psychosis will have a recurrence of psychotic symptoms within a year of treatment discontinuation. Relapse prevention is key to preventing disease progression and further deterioration. Considerable number of patients experiencing a first episode of psychosis, will eventually transition to a diagnosis of Schizophrenia, so maintenance treatment should be the preferred option even in stable patients after a first episode of psychosis to remain in recovery. There is scarce information about differential effectiveness of antipsycotics in the long term. In such an atmosphere, the idea of polypharmacy with antipsychotics arises and may gain more supporters. Despite its obsolence, and unclear therapeutic benefits, as well as significant health risks, polypharmacy with antipsychotics is relatively common. This practice, due to unwanted effects, can lead to the arbitrary discontinuation of medication, and the consequent relapse of psychosis.
**Objectives:** To determine the association of transition to schiyophrenia after the first episode of psychosis with a monotherapeutic or polypharmacy approach to the use of antipsychotics.
**Methods:** A retrospective analysis of all hospitalized patients (87 patients, 65.5% were women), diagnosed with first episode of psychosis during a five-year period was conducted. The rate of relapse, and conversion to schizophrenia was analyzed in relation to the therapeutic approach (monotherapy vs polypharmacy with antipsychotics), within one year after the end of hospitalization due to the first episode of psychosis.
**Results:** 35.6% (31) of the subjects were treated with monotherapy. 25% (8) of them relapsed within a one-year period. 64.4% (56) of patients were treated with polypharmacy. 55.2% (48) of patients were treated with two antipsychotics, and 9.2% (8) with three. 75% (24) of subjects treated with polypharmacy had a relapse of psychosis within a year after discharge. There is a statistically significant difference between the groups of patients (p< 0.05).
**Conclusions:** A significantly higher rate of relapse, and conversion to schizophrenia within a year after the end of hospitalization due to the first psychotic episode exists in subjects who were treated with two or more antipsychotics compared to subjects treated with monotherapy. The practice of polypharmacy with antipsychotics should remain reserved for individual, specially selected patients.

**Disclosure of Interest:** None Declared