

Introduction: Depressive symptoms are a common occurrence in people suffering from schizophrenia spectrum disorders (SSDs), representing a separate domain that interacts in peculiar ways with positive and negative symptoms. Nonetheless, available evidence on the relationship between depression and key clinical dimensions of SSDs is limited.

Objectives: To increase the knowledge regarding depression in SSDs, we performed a cross-sectional study aimed to investigate the association of depressive symptoms with overall, general psychopathology, positive, and negative symptoms in individuals with SSDs.

Methods: Adult people with SSDs were recruited from two psychiatric inpatient units in the northern area of the Metropolitan City of Milan from May 2020 to March 2023. Study participants with a Calgary Depression Scale for Schizophrenia score >6 were rated as depressed. Symptom severity was assessed by using the Positive and Negative Syndrome Scale (PANSS). Variables associated with depression at the univariate level were included into two multiple logistic regression models to analyse the association between depression and PANSS overall score as well as General Psychopathology, Positive, and Negative sub-scores.

Results: A total of 231 subjects with SSDs were included. Among them, approximately one third ($N=78$; 33.8%) reported depressive symptoms. Multiple logistic regression models suggested that depression in individuals with SSDs was associated with higher overall ($p<0.001$) and General Psychopathology ($p<0.001$) PANSS scores. Conversely, an inverse relationship between depression and positive symptoms was found ($p=0.002$). Negative symptoms were not associated with depression ($p=0.210$).

Conclusions: Our findings suggest that people affected by comorbid SSDs and depression have more severe overall and General Psychopathology symptoms according to PANSS scores, as well as lower levels of positive symptoms. Further investigations are needed to evaluate the generalisability of these findings and to improve the clinical management of people with SSDs and depression.

Disclosure of Interest: None Declared

EPP0720

Relation between the first psychotic episode in schizophrenia patients and IL-1 β plasma levels – Serbian population study

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doi: 10.1192/j.eurpsy.2024.798

Introduction: According to immunological theories of schizophrenia prenatal and postnatal exposure to pathogens may contribute to the etiopathogenesis, suggesting that chronically activated immune system cells (macrophages and T lymphocytes) constantly secrete proinflammatory cytokines which affect the development and function of central nervous system.

Objectives: In the present work we aimed to evaluate IL-1 β plasma levels in schizophrenic patients during their first psychotic episode and to compare the obtained results to those from healthy subjects.

Methods: Plasma was obtained from 32 drug-naive schizophrenic patients, without history of substance abuse or addiction, immediately after their admission to the medical ward, while the control samples were obtained from 20 healthy volunteers.

Results: Levels of IL-1 β were measured using ELISA assay, which measures IL-1 β protein in a range from 7.81 to 500 pg/ml. Results revealed that the levels of IL-1 β in patients with first psychotic episode were not increased and were below the limit of detection in all studied samples. The same was found in the samples belonging to the control group.

Conclusions: These data contribute to the poll of knowledge and a still unresolved dogma about the etiopathogenesis of schizophrenia since the results obtained by some studies are also questioning this marker. Thus, whether or not an increase of IL-1 β is congenital, acquired during the prodromal phase or absent until the time of first psychotic episode has not yet been investigated.

Disclosure of Interest: None Declared

EPP0721

Increased emergency room visits without corresponding rehospitalizations in cannabis users with psychosis

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doi: 10.1192/j.eurpsy.2024.799

Introduction: Epidemiological studies have established a complex relationship between cannabis consumption and a heightened risk of psychotic disorders, including schizophrenia. However, this connection is multifaceted, influenced by genetics, environment, and individual psychology. Surprisingly, despite a surge in emergency room (ER) visits associated with cannabis consumption and psychosis, there haven't been significant increases in hospital readmissions. This rise in ER visits can be attributed to the increasing social acceptance of cannabis and its legalization in some regions, increasing the likelihood of adverse effects. Furthermore, the higher potency of contemporary cannabis can trigger psychotic reactions, particularly in those consuming elevated levels of THC, its primary psychoactive component.

Objectives: This study aimed to compare the rates of readmissions and ER visits one year after hospital discharge among patients diagnosed with schizophrenia and other psychotic disorders, stratified by cannabis consumption.

Methods: We collected sociodemographic and clinical data from 109 patients after discharge from a psychiatric hospitalization unit.

Results: Patients who consumed cannabis (N=35) were younger than non-consumers (M=31.4; SD=10.0 vs M=44.3; SD=11.4; $t(107)=5.71$; $p<.01$), with no significant gender differences, hospital stay durations, or proportions of schizophrenia diagnoses (33.3%). The readmission rates and time to readmission were similar between both groups. Interestingly, 54.2% of cannabis consumers required emergency care ($X^2(1, N = 109) = 4.1, p = .04$), with 73.6% not needing admission ($X^2(1, N = 109) = 5.5, p = .01$), in contrast to 33.7% and 56% in the non-consumer group. The time to the first urgent care visit was shorter in the consumer group (M=59.5; SD=56.3) compared to the non-consumer group (M=105.8; SD=93.1; $t(107)=1.92$; $p=.03$).

Conclusions: This study reveals that patients with psychosis and cannabis consumption tend to visit ER services more frequently despite utilizing fewer hospital resources like hospitalizations. Notably, despite the increased ER visits, there hasn't been a corresponding rise in hospital readmissions. These would be due to individuals experiencing cannabis-related psychotic episodes receiving suitable assessment and treatment in the ER, obviating the need for prolonged hospitalization. Furthermore, some psychotic episodes may naturally resolve over time, particularly with reduced or discontinued cannabis consumption. Our result highlights the need for personalized care approaches targeting this group, effectively addressing acute episodes related to cannabis use and psychosis. Addressing this trend requires a multidisciplinary approach involving mental health professionals, addiction specialists, and emergency response teams.

Disclosure of Interest: None Declared

EPP0722

Clinical predictors of treatment effectiveness in late onset schizophrenia and schizophrenia-like psychosis

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doi: 10.1192/j.eurpsy.2024.800

Introduction: Clinical features and structural changes in the brain of patients with late-onset schizophrenia and schizophrenia-like psychosis are important in predicting the effectiveness of treatment.

Objectives: Identification the dependence of effectiveness of psychopharmacotherapy on the clinical features and structural brain changes in late-onset schizophrenia and schizophrenia-like psychosis.

Methods: 111 patients, age from 52 to 89 years with ICD-10 diagnosis F20, F25, F22.8, F06.2 were investigated for 28 days. Clinical, psychometric methods with PANSS, CGI, HAMD, CDSS, MMSE scales were used. MRI/CT were performed. Effectiveness of treatment was measured in two ways: 1. Percentage ratio of reduction in total scores to the 1st value of scales. 2. The number of responders (patients with a decrease in PANSS by 30% or more).

Results: The effectiveness of treatment in the overall group was 29,4% on the PANSS scale (from -13,6% to 77,2%). The greatest

effectiveness was on subscale of positive syndromes (34,9%), the lowest – on the subscale of negative syndromes (18,6%). The number of responders (R) was 43 patients (38,7%), non-responders(NR) – 68 patients (61,3%). The responder group was characterized by a greater severity of acute psychosis before the begging of treatment. Early insomnia, excitement and anxiety, decreased appetite, valuated by HAMD scale were significantly more pronounced. Treatment effectiveness had negative correlates ($p<0,05$) with number of acute attacks, number of hospitalizations and the duration of current attack. The predominance of negative symptoms has a negative correlation with effectiveness by PANSS and CGI scales. According to the results of MRI/CT examination, cortical atrophy, vascular changes and leucoaraiosis were more often represented in NR group.

Conclusions: The connection between the effectiveness of treatment and the clinical and psychopathological features and structural changes in late onset schizophrenia and schizophrenia-like psychosis was shown.

Disclosure of Interest: None Declared

EPP0723

Peer Support in Psychosis Care: A Valuable Resource for Recovery

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doi: 10.1192/j.eurpsy.2024.801

Introduction: A variety of peer support workers have been integrated in the mental health workforce in several countries. The effectiveness of this approach is still inconclusive. However, some data reveals promising results. Some projects have integrated peer support intervention in the treatment of psychosis. In fact, UK clinical guidelines for psychosis advise the inclusion of peer support within Early Intervention in Psychosis services.

Objectives: The current study aims to evaluate how peer support may assist the intervention in psychosis and highlight challenges ahead in this field.

Methods: Narrative review of the available scientific literature.

Results: Research suggests that consistent and frequent peer support enhances social support and boosts self-confidence and the overall quality of life for people going through psychosis. Individuals diagnosed with severe mental illnesses who receive peer support reportedly experience an increased sense of control, hopefulness, and empowerment, enabling them to initiate positive changes in their lives. People going through psychosis experience internalized stigma. Destigmatization of psychotic experiences is a central theme of intervention in psychosis. Participants viewed peer support as a valuable form of assistance that could offer advantages to both peers (service users) and peer support workers.

Conclusions: Peer support makes a strong contribution to destigmatising psychosis. The available date is promising and supports the effectiveness of peer support in such instances. As projects of peer support in psychosis continue to be implemented, further