

appropriate treatment strategies. Future research will further contribute to a deeper understanding of the impact of psychiatric disorders on cardiovascular health and aid in the development of effective interventions to minimize these effects.

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EPP0453

Medication choice and psychosis Hospital readmissions: A two-year comparative study

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Introduction: Hospital readmissions in psychosis are a critical concern, with medication choice playing a vital role. Oral antipsychotics, though common, rely on patient adherence and can lead to relapses if not followed. Long-acting injectable atypical antipsychotics (LAIAs) provide an alternative, ensuring consistent medication release and reducing relapse risk due to missed doses. Studies indicate that LAIAs result in fewer readmissions due to improved adherence. Tailoring treatment to individual needs is essential. Medication choice significantly influences hospital readmission prevention in psychosis. LAIAs, which could offer greater adherence to treatment and symptom control, present a promising option. Individualized treatment decisions are a priority for long-term recovery.

Objectives: This study aimed to compare the hospital readmission rates within two years post-discharge among two groups of patients diagnosed with schizophrenia and other psychotic disorders who received either oral antipsychotic treatment or LAIAs.

Methods: We collected sociodemographic and hospitalization data from 155 patients, 90 receiving oral antipsychotics and 65 receiving LAIAs, following their discharge from a psychiatric unit.

Results: There were 90 patients in the oral treatment group, and 65 in the LAIA group, with 67.6% receiving paliperidone and 26.1% receiving aripiprazole. There were no significant differences in age or gender between the two groups. However, patients in the LAIA group had *longer stays in the hospital* ($M=14.7$; $SD=10.2$ vs $M=11.1$; $SD=6.4$; $t_{(153)}=2.67$; $p<.01$) and a higher number of prior admissions ($M=3.2$; $SD=3.7$ vs $M=1.3$; $SD=3.5$; $t_{(153)}=2.41$; $p<.01$) compared to the oral antipsychotic group. Additionally, a higher percentage of patients in the LAIA group were diagnosed with schizophrenia (60%) compared to the oral antipsychotic group (24%) ($\chi^2_{(1, N = 155)}= 20.4$, $p<.01$). After two years, readmission rates were 66.6% for the oral antipsychotic group and 61.5% for the LAIA group ($\chi^2_{(1, N = 155)}= 8.5$, $p > .05$). However, the time to readmission was shorter for patients on oral antipsychotics ($M=172.4$; $SD=162.0$) compared to those on LAIAs ($M=326.2$; $SD=211.4$; $t_{(153)}=3.05$; $p<.01$). Notably, 86.6% of patients on oral antipsychotics were readmitted within the first year, while only 52% of those on LAIAs experienced readmission during the same period ($\chi^2_{(1, N = 155)}= 8.5$, $p = .001$).

Conclusions: Long-acting injectable antipsychotics (LAIAs) appear to reduce hospital readmissions, with a more pronounced

effect in the first few months post-discharge. However, after two years, the readmission rates between LAIAs and oral antipsychotics become comparable. This data suggests that while LAIAs may reduce early readmissions, their long-term effectiveness is on par with oral antipsychotics.

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EPP0454

Attention flexibility is associated with retinal cup-to-disk ratio in patients with schizophrenia spectrum disorders

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Introduction: In recent years, there has been increasing interest in the potential use of retinal imaging as a non-invasive and easily accessible tool for investigating the neurobiological underpinnings of schizophrenia. Studies have suggested that patients with schizophrenia spectrum disorders (SSD) have structural abnormalities in the retina, including changes in retinal thickness and the ratio of the retinal cup-to-disk ratio.

Objectives: To investigate the relationship between retinal cup-to-disk ratio and cognitive performance in patients with SSD using a high-definition retinal imaging device – optical coherence tomography (OCT) scanner.

Methods: The sample was comprised of twenty patients with SSD (F20-F29 according to ICD-10 criteria). All diagnoses were confirmed by a researcher using the Mini International Psychiatric Interview. All patients underwent complete ophthalmological examination, excluding any ocular pathology. Retinal thickness was measured in both eyes of all patients with a high-definition spectral-domain OCT device. Examined retinal parameters were: total retinal nerve fiber layer thickness (RNFL); RNFL thickness in all eye quadrants (nasal, temporal, superior, inferior); RNFL symmetry; average macular volume (MV); average macular thickness (MT); ganglion cell layer thickness (GC); average retinal cup-to-disk (C/D) ratio, vertical C/D ratio. Cognitive performance of all patients was tested using the Intra/Extradimensional Set Shift Task (IED). IED is a component of a state-of-the-art computerized battery for cognitive assessment – Cambridge Neuropsychological Automated Test Battery. IED is a measure of maintenance, shifting and flexibility of attention. Associations between retinal variables and IED measures were determined with Pearson correlation analyses.

Results: Mean age of patients was 33 ± 7.5 years. Fifty five percent of the sample was male, illness duration was 6.2 ± 3.9 years. Daily dosage of chlorpromazine was 225.7 ± 108.8 mg. Retinal C/D ratio in the right eye was positively associated with IED total errors ($r=0.50$; $p=0.02$) and negatively with IED stage progression ($r=-0.52$, $p=0.18$). Likewise, vertical C/D ratio was positively associated with IED total errors ($r=0.49$; $p=0.02$) and negatively with IED stage progression ($r=-0.52$, $p=0.18$).

Conclusions: Previous analyses of retinal parameters in patients with schizophrenia point towards enlargement of retinal cup-to-