

PBA-HUN, and the PSS total score, as predictors. In addition, two factors of the ECR-R were included in the linear regression analyses predicting quality of life.

Results: The confirmatory factor analysis confirmed the original two-factor structure of RFCP ($\chi^2=5482.21$, $df=325$ $p < .001$, $\chi^2/df=16.86$, CFI=0.91, TLI=0.90, RMSEA=0.075 (90% CI 0.068–0.082)) and their internal reliability (Cronbach's alpha = .78 and .74). Attachment avoidance ($R^2=0.12$, $F(5)=7.38$, $p < .001$) was only predicted by conversation orientation ($\beta=-0.28$, $p < .001$), while attachment anxiety was predicted ($R^2=25.2$, $F(5)=17.7$, $p < .001$) by conformity orientation ($\beta=0.24$, $p < .001$), parental mentalization difficulties ($\beta=0.20$, $p < .001$) and parenting stress ($\beta=0.15$, $p = .015$). Parental report of the child's quality of life was predicted most strongly by attachment anxiety ($\beta=-0.28$, $p < .001$), followed by conversation orientation ($\beta=0.21$, $p < .001$) and attachment avoidance ($\beta=-0.18$, $p < .001$, $R^2=28.8$, $F(7)=15.17$, $p < .001$).

Conclusions: The Hungarian version of the RFCP questionnaire has proven to be a reliable questionnaire. The importance of family communication patterns is demonstrated by the fact that it explains both the quality of parent-child attachment and the parent's report on the child's quality of life.

Disclosure of Interest: None Declared

EPP0329

Promoting mental health by peer education at the University of Debrecen

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Introduction: Medical students have been shown to experience mental health problems more frequently compared to their non-medical student peers. This can manifest in pathological levels of stress and depression, and can lead to substance abuse, reduced academic performance, or even suicide.

Objectives: A credit course on professional socialization is offered for medical students at the University of Debrecen in the form of peer education. Our goal was to evaluate experiences of this course delivered in the past 5 academic years.

Methods: After reviewing the relevant literature, the structure of a focus group interview was developed. The focus group consisted of 8 participants and was moderated by the course supervisor with the help of an assistant moderator. The group summarized the number of students completing the course, and narratives of teaching experiences between 2018/19 and 2022/23. They also revised relevant versions of the tutors' handbook containing the topics and methodology of the course. The duration of the interview was 90 minutes, and it was tape recorded by the assistant moderator, who also made notes in case the tape is inaudible.

Results: Between 2018/19 and 2022/23 61 students finished the course with the help of 23 tutors. The course is offered for students of general medicine, dentistry and pharmacy to improve their positive professional attitudes and social skills through group work and practical exercises. The medical curriculum includes

mandatory courses with practical opportunities for developing professional and social skills, but due to the limited number of contact hours and the varying levels of student interest and motivation, these skills are difficult to master. The credit course was developed using the concept of Balint groups, offering peer-supervised opportunities for motivated students above year 2 to practice their professional skills in controlled conditions while also receiving feedback from their peer group leaders. The course complements the traditional medical curriculum and sensitizes students in a protected environment in which they can observe their own communication more consciously and recognize unfavourable behaviour patterns. Developing the ability to work in a team, learning to listen, and practicing assertiveness during study years can also reduce performance-related stress and future medical errors along with increasing job satisfaction and patient adherence.

Conclusions: Based on the narrative summary of the focus group, both the experiences of participating students and peer teachers are positive, the handbook is a useful tool. The structured focus group provides a suitable method to evaluate the credit course which should be held once every academic year to evaluate the implemented course and explore options to improve future courses.

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Psychopharmacology and Pharmacoeconomics

EPP0330

Dyslipidemia induced by antipsychotics: differences between schizophrenia and bipolar disorder

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Introduction: The introduction of antipsychotics, especially of newer generation, greatly affects the effectiveness of the psychiatric treatment of patients with schizophrenia (SCH) and bipolar disorder (BP). Patients suffering from SCH and BP often have metabolic syndrome (MetSy), as a result of taking antipsychotic therapy, especially in patients with abdominal obesity, there is an atherogenic fat profile that carries a high risk for the development of dyslipidemia.

Objectives: To investigate frequency and differences of somatic diseases in patients with SCH and BD depending on the presence of MetSy.

Methods: This five-year prospective study was conducted in the Psychiatric Hospital of Canton Sarajevo. We followed 135 patients with SCH and 135 patients with BD, aged 30 to 69 years, who were treated with antipsychotics for five years.

Results: Dyslipidemia was significantly more common in SCH patients (73.3%), compared to BD (54.1%) and was dominantly presented in women (61.4%). The frequency of dyslipidemia increased with the age of the patient. Associated risk factors in patients with SCH diagnosed with dyslipidemia were 73.5% smokers, 78.7% hypertensive patients, 69.7% patients with elevated

BMI and 83.0% with elevated blood glucose values, while slightly lower values were recorded patients with BP. 97.8% of patients with dyslipidemia had elevated CRP.

Conclusions: There are significant differences in dyslipidemia in patients suffering from SCH and BP. Adequate knowledge of the antipsychotic drugs is required in order to provide adequate psychiatric treatment, regarding minimalising adverse effects of antipsychotics will be reduced to a minimum. It is important to recognize high-risk patients and educate them about preventive measures.

Disclosure of Interest: None Declared

EPP0331

Cariprazine as adjunctive treatment of catatonia in schizoaffective disorder: a case report.

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Introduction: Cariprazine is one of the most recent innovations in neuropsychopharmacology, with evidence for its efficacy in affective and psychotic spectrum disorders.

Objectives: To present a case that highlights cariprazine's potential use outside the regulatory approved indications.

Methods: Case report using CARE guidelines and a narrative review.

Results: We present the case of a 41-year-old male readmitted to a psychiatric inpatient unit due to three months of mutism and withdrawal. At admission, the patient did not communicate verbally or in writing, but he complied with simple orders, and his consciousness remained unimpaired. He scored 11 points on the Bush-Francis Catatonia Rating Scale (BFCRS), indicating immobility, mutism, staring, withdrawal, ambitendency, and automatic obedience. We observed psychomotor retardation and indirect signs of a depressive mood, including the omega sign. His medical history included ongoing psychiatric treatment since the age of 30, with two prior admissions to an acute inpatient unit. At the time of admission, he was treated with olanzapine 20 mg/day, lorazepam 2 mg/day (recently downtitrated), venlafaxine 150 mg/day, and bupropion 150 mg/day. At the start of the current episode, the patient's diagnosis was uncertain, with previous descriptions of psychotic, affective, and catatonic features. Due to suspicion of catatonia, we administered a high dose of lorazepam (8 mg/day), resulting in a partial response with a 4-point reduction in the BFCRS. We discontinued bupropion, increased venlafaxine to 225 mg, and switched from olanzapine to cariprazine using a taper, washout, and switch strategy. Psychotic symptoms briefly appeared when the patient was not taking a dopamine D2-receptor modulatory drug. We identified mild possible adverse drug reactions, including akathisia, transient insomnia, and daytime sleepiness. At a dose of 6 mg/day of cariprazine, we observed complete remission of catatonia (BFCRS=0) and significant improvement in affective and psychotic symptoms. The patient was discharged home with diagnoses of catatonia and schizoaffective disorder,

prescribed 6mg/day of cariprazine, 225mg/day of venlafaxine, and 2,5mg/day of lorazepam. At the 6-month follow-up, the patient continues to exhibit clinical stability.

Conclusions: This case emphasizes the safety and potential effectiveness of cariprazine in treating catatonia within the context of schizoaffective disorder. We consider that the partial agonist properties of cariprazine could theoretically reduce the risk of exacerbating catatonia, a risk typically associated with full D2-receptor antagonists. Other mechanisms of action, such as D3 partial agonism, may also contribute to the improvement or at least the non-aggravation of catatonic symptoms. Cariprazine's mood-stabilizing properties make it a promising off-label choice for treating schizoaffective disorder, especially when catatonic features are present.

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EPP0332

Prolactin level changes according to atypical antipsychotics use: a study based on Clinical Data Warehouse

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Introduction: Antipsychotics are associated with increased serum prolactin. It depends on the type of the antipsychotics and gender. There are previous studies, but it is necessary to compare them including new drugs.

Objectives: Antipsychotic drugs are known as the major cause of non-neoplastic hyperprolactinemia. This study aimed to investigate the levels of serum prolactin elevation depending on the use of antipsychotic drugs in patients through the Clinical Data Warehouse

Methods: Our study included 118 subjects who were all diagnosed according to ICD-10 for schizophrenia, schizotypal and delusional disorders, manic episodes, and bipolar affective disorders. All the subjects were taking one of risperidone, blonanserin, amisulpride, and olanzapine. They had prolactin blood tests collected retrospectively through CDW.

Results: Among the 118 subjects included in the analysis, the mean serum prolactin level was 65.1 ± 54.7 ng/ml. Serum prolactin levels were significantly higher in subjects taking risperidone or amisulpride compared to blonanserin and olanzapine. The female subjects who took amisulpride or olanzapine had significantly higher prolactin levels, but there was no difference in prolactin levels between the sex in the subjects who took risperidone or blonanserin.

Conclusions: This study suggests the need for regular monitoring of serum prolactin levels in patients who are taking antipsychotics, especially in female patients. Further studies on the subjects with controlled confounding variables and larger sample groups are needed.

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